A clinical descriptive study of non-plant, non-organophosphorous poisonings presenting at a tertiary care hospital in Vellore, South India

A dissertation submitted towards the M.D. Branch-I (General Medicine) Degree Examination of the Tamil Nadu Dr. M.G.R University, Chennai, to be conducted in April 2011.

Dr. Rohit Ninan Benjamin

To the Glory of God

CERTIFICATE

This is to certify that the dissertation entitled "A clinical descriptive study of non-plant, non-organophosphorous poisonings presenting at a tertiary care hospital in Vellore, South India" *is* the bona fide original work of Dr. Rohit Ninan Benjamin, towards the M.D. Branch-I (General Medicine) Degree Examination of the Tamil Nadu Dr. M.G.R University, Chennai, to be conducted in April 2011.

Signature of the Head of Department

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Rohit Ninan Benjamin

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Contents

Introduction

The problems of suicide and self-harm are universal to humanity (1-4). However, the patterns and magnitude of this behaviour differ starkly between regions(4).

Whereas the suicide rates are comparatively low in the West, recent reports from the developing world have revealed alarming results, with a prevalence several-fold higher than those described in western literature(5-8).

Additionally whereas suicide in the West is more common among middle aged people, correlating strongly with psychiatric morbidity(4), seminal research in the very recent past has discovered that the picture of suicides seen in the developing world is entirely different. Suicide in these regions is more common in the young, and often occurs in the absence of major psychiatric disease. Rather, it is the presence of severe adversity, coupled with inordinate ease of access to highly lethal implements, most commonly toxic pesticides, that impels such catastrophe, even among the non-psychiatrically ill. (8-11).

Interestingly, however, the overall rates of self-harm behaviour seem to be pervasive internationally (12), suggesting that the mortality in the developing world is a result of increased progression of impulsive self-harm to completed suicide.

As this new paradigm of suicidal behaviour, completely unlike the western pattern, has been recently suggested in studies from India and the developing world, further evidence to corroborate the same is desirable. Of particular interest is whether the actual attempt of suicide was the result of psychiatric morbidity, or the impulsive result of severe socio-cultural or economic stress.

Also, while previously attention was duly given to common groups of poisons, such as organophosphorous and plant poisons, the constellation of poisons remaining, have not been fully characterized. These may be broadly grouped as non-organophosphorous pesticides, prescription drug over dosages, and other chemical/corrosive agents. These form the large bulk of poisonings seen at an urban setting, whereas the former are common in rural regions.

Further information regarding the utilization of treatment and first aid, as well as outcomes, requires delineation.

To address the above lacunae, this prospective hospital-based clinical descriptive study was designed, with the motive of describing the profile of the above group of poisons, at a tertiary care South Indian referral hospital, over a six month period.

Aim and Objectives

Aim

To describe the profile of poisonings due to non-organophopsphrous pesticide, prescription drug, corrosive and other chemicals, with respect to demographic characteristics, clinical presentation, treatment modalities, outcomes and psychiatric profile.

Objectives

Primary objectives

1. To describe the demography and list the various poisons encountered in each group.
2. To appraise differences in the profile of the various poison groups by performing an inter-group comparison.

Secondary objectives

1. To describe the various toxidromes, in terms of clinical and laboratory profile, and the resultant complications.
2. To describe the motivation for poison consumption- in terms of intentionality, degree of premeditation and psychological distress (using the GHQ (General Health Questionnaire) 12 score).
3. To define the psychiatric profile of the patients encountered (as per assessment of the psychiatrist consulted).

4. To describe the therapeutic strategies administered i.e, gastric lavage rates prior to and at hospital presentation, intubation and ICU admission rates.
5. To determine the rate of hospital ward admission and mortality.

Literature Review

Self-harm and suicide: a worldwide concern

The estimated global burden of suicide is around one million deaths per year, with an estimated annual mortality of 14·5 deaths per 100 000 people (one death every 40 seconds). It is also the tenth leading cause of death worldwide (1). In the year 1990 alone, there were 798,000 deaths due to self-harm, of which 75% were poisonings. (2) In 2000, 500,000 people died from self harm in South East Asia and the western pacific alone.(13) The rates of suicide worldwide are also shown to be increasing.(3)

However, there is in addition the wider problem of intentional self-harm among those who do not intend to die, which comprises a broad group of patients with a variable psychological profile. This perplexing disorder is a highly prevalent problem, has been found to be most common in adolescents and young people. This has also been found to have a consistent profile cross nationally. (14) Up to 5-9 percent of adolescents in western countries report history of self-harm in the preceding year.(12) The incidence appears to be increasing. However, true community based prevalence of this data is lacking, and hospital based reports of these may represent the “tip of the iceberg”.

The risk of completing suicide also appears to be higher in this population.(15) Recent follow up studies have shown that those with a history of self-harm are at an increased risk of psychiatric illness later in life, including increased risk of suicidal behavior (16).

Therefore, special care needs to be addressed to identify and address the needs of this group.

Epidemiology of self-harm and suicide worldwide: the East- West divide

There are differences in the definition of suicide internationally. This leads to different reporting rates of suicide between countries. Also, there may be questionable efficiency of reporting in some parts of the world. But despite this, there appear to be regional similarities in the profile and motives behind such behavior as well as broad differences between them internationally.

This pattern appears to be nearly bipolar, with the developed Western world having a lesser burden and more favorable outcomes, while in the developing world, the prevalence is several times higher, with far more tragic consequences(4). The reasons for this difference are predominantly the choice of method used for self-harm, and the ability of the healthcare system to respond to the problem.

In the developed world, the overall incidence of suicide appears to be stable, or on the decline. In a European survey from 1861-2007, suicide rates increased in all age groups in the 1930s, coinciding with the Great Depression, but in the 21st century the recorded rates were the lowest ever. The highest male rates (30.3 per 100 000) were recorded in 1905 and 1934 and have since been declining, whereas female rates peaked in the 1960s (11.8 per 100 000), declining afterwards. The male-to-female sex ratio fluctuated

from 4: 1 in the 1880s to 1.5: 1 in the 1960s, being consistently higher in the males. (17) In contrast to suicide, however, the prevalence of self-harm is still high.(12)

In the UK, the number of completed suicides, as calculated from coroners reports in three jurisdictions from 1 January 2001 to 31 December 2001 only around 214 of which 49 (23%) reached hospital alive. Extrapolating this data to all England, there were around 300 self-poisoning suicides per year to reach hospital alive, and around 1300 completed suicides from poisoning nationally (6% of all suicides). (18)

In the US, the picture is has some similarities; with relatively low prevalence of suicide. Possession of a firearm has been strongly linked to suicide in this population (19), but suicidal poisonings have increased with time. The population suicide rate hovers at approximately 10 - 12 per 100,000 population members. However, the distribution tends more toward younger age and female sex. Thus, there is a lower prevalence of both self-harm and suicidal deaths in the developed world, though it is still an important cause of death in the young.

In contrast, patterns of suicide in the developing world offer a starkly different picture. Sri Lanka is a developing country where the population is predominantly agricultural. Based on coroner reports, the rate of suicides was as high as 48.7 per 1,00,000 in 1995, which had improved to 23 per 1,00,000 in 2006 (these may be an underestimate). The single largest cause of death was due to

poisonings (44%), while self-immolation accounted for 36%, and hanging, 7%. The reasons cited were predominantly emotional and marital conflicts, with psychiatric illness accounting for only 6%.(20) In another three-month study period (Aug-Oct 97) period covering three districts, there were 499 suicides in this population. A psychological autopsy was performed on these cases by interviewing contacts. The findings revealed that the majority of suicide deaths were due to pesticide ingestion (70%). 62% of deaths occurred in the hospital, implying that extremely lethal methods were used, which were refractory to therapy, and that services were ill-equipped to handle them. There was also a high proportion of psychiatric morbidity and substance abuse, with nearly one fourth having previously attempted self-harm, and one fifth with a family history of suicide.(21) In yet another study, 84% of attempted suicides were due to intentional self-poisoning. The case fatality rate was around 18%, with certain groups of poisons being maximally implicated. (5) Sri Lanka has also been found to have the highest incidence of deliberate burns cases in the world.(22)

Self-harm though is a far more prevalent disorder, even in the West. Between 5-9% of Australian, British and American teenagers report a history of self-harm in the preceding year(23-25).There has been a huge increase particularly in drug poisonings, after the emergence of the pharmaceutical industry in the 1960's. From 2000 to 2008, as per US National Poison Data System (NPDS) data, there were 1,672,324 suicidal exposures to substances, the majority (65%)

being female. The highest events were reported in the age groups 13–19 and 20–29 years (26.4% and 25.7%, respectively), with the average rate being around 30 years. The estimated rate of substance use in attempted suicide and suicidal death increased from 55.8 to 67.9 per100,000 population (p for trend <0.001) and from 72.6 to 82.8 per 1000 human exposure cases, respectively. (26) In other parts of the developing world as well, it appears that self-harm has a similar profile, though reports are scarce. A retrospective hospital based review from Karachi, Pakistan, reported the mean age to be around 23.5 years, with a female predominance. The majority reported poisoning with drug ingesti ons. (27) In Trinidad, a rise in male cases was noted, with women preferring tablets, while men used violent means.(28)

In summary, while most developed western countries have relatively low and stable rates of complete suicides, the rates are extremely high in the developing world, with a larger number of younger and female suicides. On the other hand, self-harm rates are still high across the globe. The reasons for this disparity are explored subsequently.

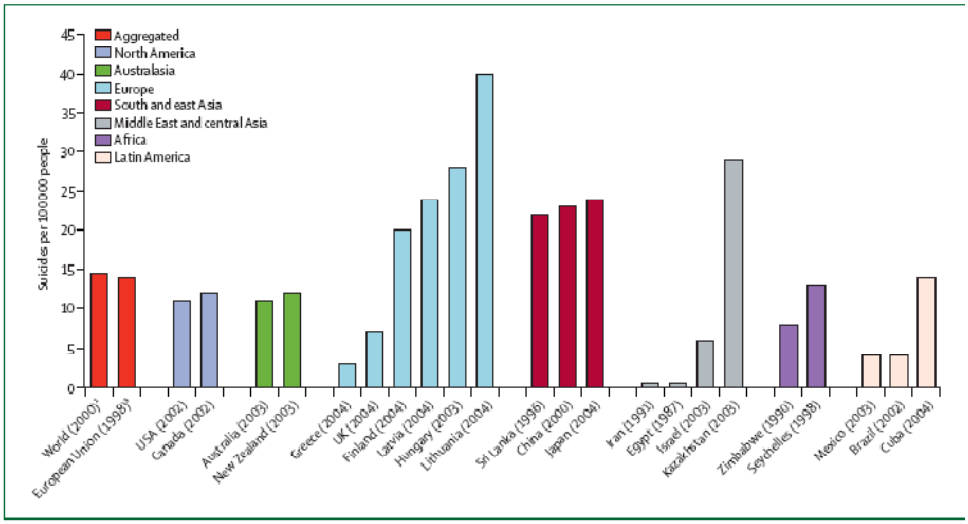


Figure 1: Suicide rates in selected regions and countries

Hawton, K. & van Heeringen, K., 2009. Suicide. *Lancet*, 373(9672), 1372-1381.

Influence of demography on suicide and self-harm

Suicide rates and self-harm rates vary demographically. Certain demographic characteristics have been found to have consistent relationships with suicidal and self-injurious behavior. In the West, self-harmers appear to be a different demographic group from persons who complete suicide. However, in the east, there appears to be an overlap between the self-harmers and those who progress to complete suicides. This may be due to increased translation into completed suicide, in view of use of extremely lethal implements.

Age: In most countries, suicide rates are higher in the elderly, although in some developing countries the rates in the young are increasing.(29) In India, older men were more likely to commit suicide

than younger men.(30) As per western data, self-harm is rare before puberty, increasing in prevalence through adolescence and being most common among young adults in the second decade for men and the third decade for women.(31) Self-harm at older age is a marker of high risk. Younger individuals are more likely to have had a low risk unplanned suicide event. There was also a trend for severe medical outcome with increasing age in various studies(26,5).The age profile of suicide in India appears to parallel the profile of self-harmers in the west.(6).

Sex: The risk was found to vary with the population studied. Generally speaking, the risk of suicide is higher in males in the West. The ratio has been shown to vary between 2 and 4 to 1, whereas females are at increased risk in the east (32). Female sex was associated with low planned suicide attempts in China, whereas in Brazil, the odds for repeat attempt were found to be higher in the female sex. (OR = 2.7; 95% CI = 1.2-6.2). In the US, as per the NPDS database, the female to male relative risk of exposure to poisons is 1.82. However, females were also 0.82 times less likely to experience a severe medical outcome compared to males (95% CI: [0.81–0.83], $p < 0.001$). (26) In India, the overall hazard risk is lower for women; however, in the population age 15-24, the rates of suicide are found to be persistently higher among women.(30,7,8,33) Internationally, women have an increased risk of self-harm. In the west, girls who self-harmed were at increased risk for depressed

mood, disordered eating, and romantic involvement. Girls were also more likely to report having a current or past boyfriend.(12)

Occupation : Farmers in India were found to have high prevalent rates of suicide. (34,35) In china, rural populations were three times as likely to commit suicide as their urban counterparts. (32,36) Suicide rates have been found to be high in unemployed people, thought the reasons for these associations are complex- substance abuse and mental illness may be co-incidental factors. Medical doctors and nurses, especially female, are a high-risk group, the rates being highest in anesthetists. Access to poisons is probably the main permeating factor here (37-39). Housewives were found to be at increased odds for self-harm in some populations (e.g.: Brazil: OR = 3.8; 95% CI = 1.2-11.8) (40)

Other factors: Being divorced, being unemployed or suffering from socio-economic disadvantage are also other demographic risk factors for self-harm. (12) Low socioeconomic status: Has been associated with suicide in some settings. (41)

Psychopathology and contributory factors for suicide and self-harm

People have engaged in self-injury for thousands of years. Self-harmers represent a distinct group of individuals; although a subset of these include those who attempt suicide, the vast majorities of these have no intention or wish to die. (42,43), While many of the

factors precipitating self-harm occur in suicide as well, not all who commit self-harm are at risk of suicide.

Fig 2. Skegg, K., 2005. Self-harm. The Lancet, 366(9495), 1471-1483.

Intent

When interviewed, only a small minority (approximately 8%) of individuals with deliberate self-harm, expressed a desire to permanently end their lives. (44) Some alternative reasons expressed for the act of self-harm included 'seeking help', 42% 'escaping from the situation', 52% 'obtaining relief from a terrible state of mind' and 19% 'trying to influence someone' (43)

Some of these range from minor injuries such as self inflicted cutting or carving, while some may adopt methods that appear to express a desire to end one's life. However, self-harm is often impulsive.

A study on the factors behind deliberate self-burning showed that the reasons included psychiatric illness, personal (including faith/religion) and political motivation. The self-immolators appeared to be a distinct group from the self-mutilators.(22)

Suicide, though, is never the result of one single stressor, but the end result of the culmination of numerous contributory factors. These may be classified as proximal - distal factors, or the diathesis-stress model.(4) These are listed below in further detail.

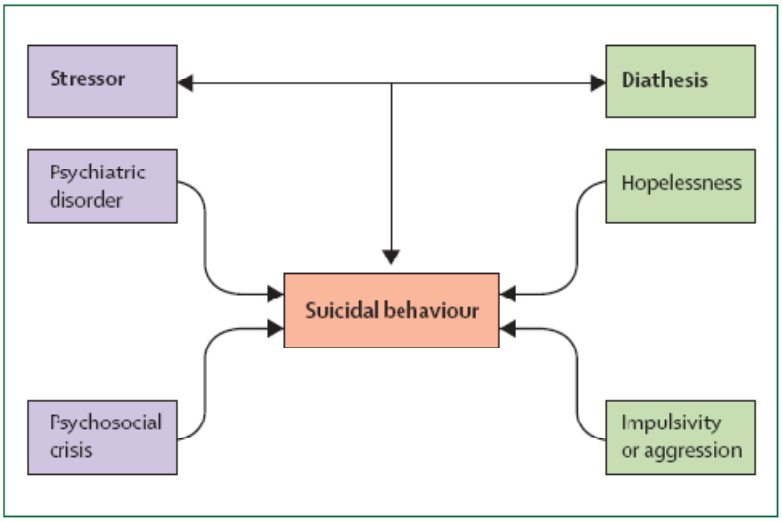


Fig 3. Hawton, K. & van Heeringen, K., 2009. Suicide. Lancet, 373(9672), 1372-1381.

(4) Hawton, K. & van Heeringen, K., 2009. Suicide. *Lancet*, 373(9672), 1372-1381.

Distal (diathesis)	**Proximal (acute stressor)**
• Genetic loading	• Psychiatric disorder
• Personality characteristics (e.g., impulsivity, aggression)	• Physical disorder
• Restricted fetal growth and perinatal circumstances	• Psychosocial crisis
• Early traumatic life events	• Availability of means
• Neurobiological disturbances (e.g., serotonin dysfunction and hypothalamic-pituitary axis hyperactivity.	• Exposure to models

Risk factors for self harm and suicide

Psychiatric disease

Psychological autopsy studies from Western data have revealed that the prevalence of psychiatric disease in those who kill themselves is extremely high- as much 90 %, and contribute as much as 47-74% of the population risk of suicide, being the single most important factor there. (45). In India, Axis 1 psychiatric disorders and family history of psychopathology were shown to have odds for suicide of 19.5 (CI, 7.32-73.35) and 12.75 (CI, 4.69-48.59) respectively (46). However, recent reports from India have demonstrated that psycho-social distress, rather than psychiatric disease, are the predominant factors implicated in suicidal behavior. This “distress” may occur in persons secondary to adverse circumstances in social, cultural or economic domains. (47) In China as well, the picture may well be similar, as the prevalence of psychiatric morbidity among suicides was found to be much lower.(36)

Amongst the psychiatric disorders implicated in suicide, the most common etiologies are affective disorders, followed by substance abuse and schizophrenia. (4) The risk associated with each disorder is detailed below (48)

Depression: More than half of suicides meet criteria for depressive disorder. About 4% of persons with depression will commit suicide. Clinical predictors of suicide in people with major depressive disorder also include a history of attempted suicide, high levels of hopelessness, and high ratings of suicidal tendencies.(49) Higher

Beck depression inventory scores have been associated with increased risk (41)

Bipolar disorder: about 15% of these patients die by suicide. Risk factors are previous self-harm, family history of suicide, early onset and increasing severity of the disorder, depressive symptoms (including hopelessness), mixed affective states, rapid cycling, co-morbid psychiatric disorder, and misuse of alcohol or drugs.(50)

Schizophrenia: The lifetime risk of suicide is about 4-5%. This risk is associated less with the core symptoms of schizophrenia, such as delusions and hallucinations, but more with depression and specific affective symptoms (such as, agitation, sense of worthlessness, and hopelessness)(51)

Other disorders associated with increased risk of suicide include anorexia nervosa, attention deficit hyperactivity disorder, body dysmorphic disorder, borderline and antisocial personality disorder, especially if co-present with affective disorders and substance abuse. Anxiety and panic disorders and adjustment disorders are also at increased risk.

Substance abuse: notably ethanol addiction (41), and smoking, have shown an increased risk of suicide. Nicotine addiction has been shown to have a dose response relationship to suicide. (52) Alcohol use has been linked to increased risk of suicide. In a subgroup analysis of the WHO/ISBRA (International Society for Biomedical Research on Alcoholism) trial, a cross sectional analysis, variables were found to correlate with increased suicidal risk independently

were - drinking status, depressive symptoms, adverse drinking experiences during alcohol consumption and bad experiences from drug abuse and antidepressant (this study interviewed alcohol dependants). (53)

With regard to prevalence of psychiatric disorder among self-harmers as a whole, some surveys showed a high prevalence of affective disorders- mainly depression, and also substance abuse, and anxiety disorder. Co-incidence of personality disorder was high- in nearly half the patients. (54)

Apart from depression, other psychiatric diseases, such as antisocial behavior and substance dependence may be under-recognized. Personality disorders, especially borderline personality disorder, are known to be common among self-harmers, particularly self-mutilators. (54,55). Adjustment disorders may be missed when applying a diagnostic instrument in a crisis setting.

Conversely, treatment with Lithium for Bipolar disorder, and Clozapine for schizophrenia, has been shown to reduce the risk of self-harm. With SSRI's controversy exists as to whether they increase the rates of self-harm, but recent reports have shown no such association.(56) Cognitive Behavioral therapy among adolescents with self-harm has been shown to be beneficial.(16) A psychiatric senior house surgeon on the team also is desirable, to plan for follow up and avoid unnecessary medical admissions.(57)

Social and familial characteristics

Familial and childhood experiences: Family environment in childhood has been shown to affect self-harm in adolescence. Divorce and marital discord have been shown to increase risk, as has poorer maternal education, psychiatric illness in parents. Childhood sexual abuse has also repeatedly emerged as a risk factor for self-harm. Maladaptive parenting and childhood maltreatment increase the risk, while good communication with parents is protective. (12,58) Family history of suicide has been associated with increased risk of the same.

Past sexual abuse: Previous history of sexual abuse in childhood has been found to be significantly implicated amongst suicides, especially among women, and may contribute to the community risk of suicide.(59) Familial transmission of suicidal behavior has also been shown to occur, especially in conjunction with sexual abuse.(4)

Sexual orientation: Men and women with gay, lesbian or bisexual orientation are more likely to self-harm than heterosexuals.(60)

Social isolation and support: Social support moderates the risk of self-harm in persons facing acculturalisation stress(12). In another study, a majority of self-harmers were noted to have a paucity of well functioning relationships.(61). A survey from India also revealed that social isolation was a risk factor for self-harm.(9)

Religion: Persons from a Roman-Catholic affiliation were less likely to have attempted serious suicide.(62) Moral objections have clearly been a factor against self-harm in depressed patients. Strong

disapproval of suicide in some catholic and Islamic countries is a factor against self-harm. Increased availability of social support may be a factor. (63)

Physical factors

Chronic physical illness: A number of physical illnesses/conditions have shown increased risk of suicide. These are cancer (head and neck cancers in particular), HIV/AIDS, Huntington's disease, multiple sclerosis, epilepsy, peptic ulcer, renal disease, spinal-cord injury, systemic lupus erythematosus, and pain.(64,65)

Physical characteristics: Raised body-mass index has been found to be associated with increased risk of depression but reduced risk of suicide (15% decrease in suicide risk for each 5 kg/m² increase in body-mass index). This is a perplexing finding. Low cholesterol concentrations, which have been associated with increased suicidal risk, might play a part. On the other hand, height and suicide risk have been inversely related (a 5-cm increase in height was associated with a 9% decrease in suicide risk). (66,67)

Other miscellaneous factors

Major life events: Suicide rates have been shown to rise following major calamities such as earthquakes. Deaths of famous people have been historically linked to suicide. On the other hand, suicide rates decline in wars, possibly because of a greater sense of cohesion in society, and sense of purpose. (4)

Neurobiological and Genetic factors: Low concentrations of 5-HIAA, a serotonin metabolite, have been found in the CSF of several

patients who have self-harmed.(68) Blunted fenfluramine stimulated prolactin release, another index of altered serotonergic function, has been related to the seriousness of self-harm. Functional neuroimaging has indicated decreased binding of prefrontal 5-HT2A receptors in patients who have self-harmed. Twin and adoption studies have also shown a genetic link among those who have self-harmed.(12)

Self-harm that leads to suicide

Around 40% of suicides have a past history of attempted self-harm(45)More than five percent of people seen at a hospital for self-harm will have committed suicide within nine years(12); in thirty years, 12% of a Swedish cohort of attempted suicides eventually successfully completed the act. (41) Therefore, self-harm is a strong predictor of suicide (4), with the risk being at its highest in the first 6 months after a harming episode, (69) and which persists for many decades. Male sex, older age, and multiple episodes of self-harm have been identified as predictors of a later suicide. (70) Use of very lethal methods (implying strong wish to die) with concealment are additional risk factors. (12,71) In another study, independent predictors of risk in a multivariate model were: not living with a close relative, avoiding discovery at the time of self-harm, and current alcohol misuse. (69) In young people, another important predictor was previous psychiatric inpatient treatment. 12

Therefore it appears that while the majority of self-harm is impulsive, among these individuals there is a significant number who

may progress to suicide, warranting heightened vigilance and preventive strategies.

Disease, or distress? How suicidal behavior differs internationally

Western literature cites the single most important precipitant of suicide to be psychiatric illness.(4) However, while this may be true in countries with low suicide prevalence, the scenario in the developing world suggests otherwise.(9)

In some cultures, especially in the developing world, pesticide poisoning for self-harm has become a common response to stressful events. It is also used to convey a powerful message, targeted towards a specific individual, or the local community, conveying misgiving, anger, sadness, hopelessness and frustration, or simply a way to manipulate a situation to one's own advantage. (10) A qualitative study from India has also revealed that consuming poisoning is an accepted response to social distress.(72)

In a previous report from Sri Lanka, it was noted that the majority of poisoning occurred with little premeditation and little knowledge about the lethality of the poison. Ease of access was cited as the main reason deciding the choice of poison. Most poisoning occurred within 30 minutes of the decision to self-harm. Other similar studies have reported the reasons to be emotional distress due to a number of underlying factors, as responsible. This supports reasoning that

poisoning acts are highly impulsive reactions to acute psychological distress.(10,73)

Recent reports from India have also challenged previous assumptions that the majority of suicides are linked to psychiatric disease. As most instruments are not geared to assess psychosocial distress as separate from severe mental illness, this leads to an inappropriate over diagnosis of the latter, and an under-representation of adjustment disorders (individual with normal psychiatric coping mechanisms but facing an overwhelming stressor). (9)

Therefore, it appears that in the light of these new findings, a newer paradigm of suicidal behavior may have been unearthed. Further studies would aid to strengthen knowledge about the prevalence of this problem.

The problem with pesticides and how to fix it.

1·5 million tons of pesticides are manufactured every year, producing a business worth US$30 billion. (74) Although agricultural productivity improved in the 1950's with their widespread introduction, subsequently, a resurgence of pesticide-resistant pests, and the concomitant health and environmental costs are now glaringly evident.

The WHO has classified their toxicity from class Ia (extremely hazardous) to class III (slightly hazardous) and then “active ingredients unlikely to present acute hazard”.(75) While most class I

pesticides are banned in the industrialized world, their use is widespread in the developing world, where resources for safe use are lacking.

These pesticides, though inexpensive, tend to be more toxic, from older generations, environmentally persistent and often non-patented. There is lack of rigorous legislation to monitor the distribution and handling of these agents, and lack of personnel training on the careful use and potential side effects of these toxins.(76) Occupational exposures are also more common as it is impractical to use safety equipment in the humid tropics, and instructions may not be understood by illiterate farmers.(11) As a result, there is dangerous proximity to these agents in the domestic setting of the rural developing world.

The above statements are supported by evidence; in an extrapolation from very limited data, WHO estimates presume that three million pesticide poisonings may occur every year, with 220,000 deaths.(77) In some parts of the developing world, this even outranks infectious disease as a cause of death. In a systematic review of literature on suicide, it was estimated that pesticides contributed to 30% of all suicides globally; the estimated incidence of deaths from pesticide self-poisoning was 258,234 deaths per year. (Plausible range 233,997 to 325,907) Corrected estimates (considering under-reporting, especially in India) were closer to 371,594 (range 347,357 to 439,267).(78) Also, the incidence of pesticide-associated mortality varies widely, ranging from 4% in Europe to 50% in the Western

pacific. Interestingly, the patterns of mortality and volume of pesticide sold did not correlate(79), therefore supporting the above hypothesis, that other factors- notably

1. use of more toxic pesticides in developing countries,
2. unsafe storage and distribution practices, and
3. Lack of quality treatment for poisoning- may be the cause of this inequitable distribution of mortality. (78)

The easy availability of pesticides may increase the lethality of deliberate poisonings with a low intent to die. In a psychological autopsy study among a Chinese population, low planned (impulsive) suicidal acts were more prevalent among women, younger individuals and those undergoing acute stress; pesticide consumption was also higher among this group.(36)

In the 1980's, the adverse effects of unregulated pesticide us in the developing world was debated, and in response, the International Code of Conduct on the Distribution and Use of Pesticides was produced in 1985 by the UN Food and Agricultural Organization (FAO). Accordingly, manufacturers were requested to supply only pesticides of adequate quality, with packaging and instructions as appropriate for the target market. One element of the code states,

> ".. pesticides whose handling and application require the use of uncomfortable and expensive protective clothing … should be avoided, especially in the case of small scale users in tropical climates" (Article 3.5).

Were this code followed, Class 1 pesticides would immediately be phased out in the tropics. Restricting the availability of pesticides has the ability to markedly reduce the rate of intentional self poisoning from the same.(80) Countries such as Argentina, Samoa, Jordan and Amman have all reported marked reduction in deaths following banning of toxic pesticides.(11) However, lack of political will combined with unavailability of resources to police the code, lead to widespread lapses in its implementation in other areas.

The WHO in 1977 promoted the essential drugs list, to support rational drug use. Countries which subscribed to this have reported better supply and availability of their drugs, 33 The scenario with pesticides is similar, with hundreds of active ingredients and thousands of formulations are available in an uncontrolled fashion, promoted by both manufacturer and distributor as essential. In this scenario, rational use is unlikely. Hence, the development of a *minimum* necessary pesticide list, using the least toxic agents possible, with appropriate precautionary usage measures, would certainly aid in legislation to phase out and ban toxic pesticides. In concomitance with other measures, such as farmer education, and integrated pest management that reduces the dependence on pesticides and stresses use of other techniques, the grisly scenario of pesticide related mortality may become a distant memory.

Epidemiology of self-harm and suicide in India

India has the unhappy distinction of having alarmingly high rates of suicide and self-harm, several times above that of the developed world.

The absolute number of deliberate self-burning cases in India is the highest in the world. India also has the highest admission rate for burns, and the highest fatality rates in the world (22)
India also ranks among the highest reported suicide rates in the world as described below.(30,7,8,33)

Prevalence of suicidal ideation and behavior in India

In a study among adolescents in an urban setting, non-fatal suicidal behavior (defined as suicide attempt or suicidal ideation), was found to be extremely prevalent- with a lifetime risk of 21.7 % and 8.5% respectively. Risk associations on logistic regression analysis were found to be Hindu religion, female sex, being an older adolescent, physical abuse by parents, feeling neglected by parents, history of running away from school, history of suicide by a friend, death wish and deliberate self-harm.

In another study in Chandigarh, Urban North India, Out of 2402 students 1078 (45.8%) had psychological problems, 180 (8.82%) students reported that life was a burden, 122 (6%) reported suicidal ideas and 8 (0.39%) students reported suicidal attempt. Perception of life as a burden was found to correlate with class studied, mothers working status, and problems experienced in

relation to study, peers, with future planning and in parental relationships.(81)

A survey among primary health centers in rural west Bengal revealed that there were 89 cases of self-harm in three blocks, in the year 2002. Stressors were marital conflict or conflict with in-laws or guardian; 69.6% experienced more than one form of domestic violence. Poverty and unemployment in the family were strongly associated violence; husband (48.48%) followed by in-laws (16.67%) were the most common perpetrators among women, while parents were mostly responsible among men.(82)

Nearly 1,50,000 Indian farmers committed suicide in nine years from 1997 to 2005, official data show. While the suicides occurred in many States, nearly two-thirds of such deaths were concentrated in five States where just a third of the country's population lives with appalling intensity: these are Maharashtra, Andhra Pradesh, Karnataka, Madhya Pradesh (including Chhattisgarh) and Kerala. The rates in these states are also increasing (34,35)

Before 2003, suicide rates in India, based on census and police records, were thought to vary between 8.1 and 58.3/100 000 population for different parts of India. However, under-reporting was considered likely due to inefficient civil registration systems, poor reporting of deaths, variable standards in certifying death and the legal as well as social consequences of suicide. (83,84)

The population of Kaniyambadi block in Vellore district, Tamil Nadu, which represents a rural population, with agriculture and animal husbandry as the main occupations, has been under surveillance by the Community Health Department of CMC Hospital Vellore for over fifteen years. The results of serial surveys in this area have provided insights into the local epidemiology and prevalence of poisonings in a rural setting in India.

As early as 1994-99, a survey on this population (area 127 km2; population 108 873 in 1999)) revealed alarming results.(30) The suicide rate was found to be extremely high- more than previously reported anywhere else in the world- 95.2/100 000 (range 83.7-106.3/100 000). These accounted for between 8% (89/1057) and 12% (112/940) of total deaths.

Overall, females were 0.84 times as likely as men to commit suicide; however, among the young adults (15-24 years), suicides were more common among women (102/278 and 58/331 respectively for women and men). There was a bipolar distribution of suicides among women, mainly among the young adults and the very old (over 65 years). Older men were at higher risk of suicide than younger men.

The methods of suicide used were poisoning, hanging, drowning or self-immolation. Women more often chose drowning or burning, while men often chose poisoning or hanging. People younger than forty-four years tended to use poison; whereas older people tended to choose hanging.

There was no significant change in the suicide rate with time during the period of survey. (30)

A repeat survey published in 2004 using the verbal autopsy method in this same population showed the suicide rate among young people to still be extremely high, with a similar female predominance in the young- 148 per 100,000 in women, and 58 per 100,000 in men (1992-2001, age group 10-19 yrs). These accounted for about a quarter of all male deaths, and three-quarters of all female deaths, in their age categories.(7)

In the subsequent repeat survey (1998-2004) in the same population the mortality rates due to suicide were 82.2 per 100,000 population, with mortality in the age group 15-29 years, being 92.9 and 99.8 for males and females respectively- somewhat improved from previously. The majority were again hangings and poisonings. (258 / 638). Among poisonings, class I and class II pesticides were used most commonly. The relative frequency of poisonings to other methods of suicide remained unchanged over the 7 years of the study.(8)

The latest survey (January 2006- December 2007) revealed a suicide rate of 120.3/100000 (130.9/100 000 in men, 109.7/100 000 in women). In the age group 15-24, women predominated (148.5 vs. 82.7 for men, RR 2.53 (1.47–4.35; $\chi 2 = 12.92$, $P < 0.01$). (33).

Mode of self-harm and survival status among 252 cases registered over a 24-month period in Kaniyambadi Block, India (Bose et al, 2009)

Means of self-harm	Survived (%)	Died (%)	Total number of cases (%)
Hanging	26 (24.3)	81 (75.7)	107 (42.5)
Poisoning	64 (58.2)	46 (41.8)	110 (43.7)
Drowning	4 (28.6)	10 (71.4)	14 (5.6)
Burning	8 (40.0)	12 (60.0)	20 (7.9)
Fall from height	1 (100.0)	0	1 (0.4)
Total	103 (40.9)	149 (59.1)	252

(33)

Similar results were also reproduced in another district of Tamil Nadu by using the verbal autopsy technique: the average annual suicide rate for men and women were 71 and 53/1,00,000 respectively. Three-fourths of all suicides were in the socially and economically productive age group of 15–44 years. At ages 15–24 years the female suicide rate of 109/1,00,000 exceeded the male rate of 78/1,00,000; suicide was responsible for 49% of all deaths in women and 38% of all deaths in men at these ages(85)

Poisoning in India: case reports- a major contributor to self-harm and suicide

Self-poisoning worldwide increased in popularity from the 1860s (5% of suicides) to the 1990s (22% of suicides).(17) From India, there are only few studies describing the profile of patients presenting with poisoning.

A retrospective review in children by Kohli et al from Delhi stated that Kerosene (27.9%), drugs (19.8%) and insecticides (11.7%) were the agents most frequently. Only a small number of

patients (3) developed serious illness requiring mechanical ventilation. (86)

A prospective review by Gargi et al in Amritsar, Punjab, revealed poisonings to account for 3.19% of emergency admissions. Males were more common (3:1). 45.59% were in the age group of 21-30 years, 69.12% were married and 51.47% belonged to urban area. 76.47% intended suicide at admission. Commonest poison was aluminum phosphide (38.23%) followed by organophosphorus compounds (17.64%). (87)

A retrospective review in Mangalore, South India reported 0.9% of total hospital admissions due to poisoning. Common etiologies were pesticides (49%) followed by drugs (17%), and alcohols (13%). Forty-eight (15%) patients died. The poisons responsible for most of the mortality were organophosphate pesticides (65%) and aluminum phosphide (15%). (88)

A retrospective review (1993- 1998) in Vellore revealed an occurrence of 1548 poisonings over 4 years at a tertiary care hospital, with mortality of 3.3%. Most commonly implicated etiologies were Kerosene in children and pesticides in adults, the latter accounting for the highest mortality. (89)

The community based 2 year study in Kaniyambadi, Vellore by Bose et al (33) also revealed that poisonings were the second most common means of attempted suicide (43.7%). In addition to 46 fatalities, there were 64 attempted poisoning suicides too. Pesticides

were the most common agent. Fatality was highest among the pesticide group, while minimum among drug over dosages.

Type of Poison used	Number of cases	Per cent of all poisonings	Number of deaths following self-poisoning
Pesticides	68	61.8	36
Poisonous plants	21	19.1	9
Pharmaceuticals	18	16.4	0
Other	2	4	1
Unknown	1	1.8	0
Total	110	0.9	46

(33)

From the above information, it appears that kerosene poisoning and other accidental poisons are more common in children; among adults, there is preferential use of phosphides in Northern India, while organophosphates and other insecticides, as well as poisonous plants are more common in the south; this is probably related to agricultural practice.

Comparing suicidal behavior in India to Western Literature.

The suicide rates in India are much higher in India as compared to the West. The majority of suicides in the West are related to psychiatric disease(45), while in the developing world, and especially in India, most suicidal attempts stem from impulsive behavior and stress.(9) The factors involved have a social, economic and cultural dimension. (90,72)

A qualitative study on the reasons and perceptions behind suicidal behavior cited a high prevalence of interpersonal and family problems, and especially marital discord, among the reasons for suicide.(72)

Recent studies using the verbal autopsy method have described the reasons for suicidal behavior to be related to socioeconomic circumstances and to interpersonal, social and cultural conflicts. (91) Other studies via psychological autopsies have supported the conclusion that suicide is related to interpersonal conflicts, marital discord, alcoholism, financial problems and unemployment. (92) Previous studies in India have shown the association between adverse life events and suicide.(46) These findings among suicide parallel those with self-harm behavior. (82)

Economic crises have also been found to be serious precipitants of suicidal behavior, especially among farmers.. As per the National Crime Records Bureau data (which may grossly underestimate the actual rate), the rate of suicide among farmers is on the increase. Farm suicides as a proportion of total suicides rose from 14.2 in 1997 to 15.0 in 2005. From 1997- 2005, there were over 1.5 lakh officially reported farmer suicides. The ACGR (Annual compound growth rate) for all suicides in India over a nine-year period(1997-2005) was 2.18 per cent, but for farm suicides it is much higher, at nearly 3 (or 2.91) per cent; suicide by consuming pesticide was 2.5 per cent. The reasons for this disturbing trend are due to a debt trap, resulting from acute income depletion due to decrease in

the overseas market following changes in international policy, coupled with several hundred percent increase in cultivation costs, exhaustion of credit schemes and decrease in government subsidies.(34,35)

Mental illness undoubtedly contributes to suicide(9,46,93); however, the contribution is less in India, where the above described factors have a much higher role to play. Also, there may be a tendency to over-report mental illness in psychological autopsy, owing to symptoms of the same being present in those who have suffered adverse life events; these do not necessarily reflect severe mental illness.(9,93)

These findings are supported in a recent case-control study on risk factors for suicide in rural south India; Psychosocial stress and social isolation (break in a steady relationship, living alone) rather than psychiatric illness were found to be significant risk factors for suicide in this population: This supports the hypothesis that many in the general population in India view suicide as an option when faced with apparently insoluble personal difficulties or misfortune.(9)

The role of mental illness as a contributor to suicide increases where the overall prevalence of suicidal behavior is low. The reasons for this apparent east-west divide include possibly, better social security schemes, religious beliefs, as well as economic and social transitions. (9)

In summary, psychosocial distress from a number of social, economic and cultural factors probably account for the large number

of suicides in India as compared to the West, where mental illness is the principal contributory factor.

The findings over the last several years generate certain hypothesis.

1. The extremely high rates, age and sex profile of suicides are more consistent with the western pattern of self-harm behavior rather than that of suicide. This may imply that a higher rate of self-harm cases, especially among young people, progress to complete suicide. The reasons for this may be availability of extremely lethal agents such as pesticides, which when consumed even minimally, have high mortality.
2. It is likely that the psychopathology and access to implements of suicide are different in the various groups.
3. Among the adolescent and young group, certain social and cultural factors are more adverse to females, leading to the persistently elevated suicide rates among the young women as compared to men. These may be reduced literacy, employment and financial freedom, burden of home or family rearing, domestic physical, mental or sexual abuse.
4. The increased likelihood of suicide among elder as compared to younger men are possibly due to debt, unemployment, or substance abuse, especially alcohol.

A brief review of different common poisons

Pesticide poisons

Pesticides: different categories(79)

Insecticides	Organochlorines, organophosphates, carbamates, pyrethrins, synthetic pyrethroids, nicotine, rotenone, microbiological (Bacillus thuringiensis)
Herbicides	Trichloro/dichlorophenoxyherbicides, urea derivatives, carbamates, triazines, glyphosate
Fungicides	Carbamates, organophosphates, miscellaneous compounds including captan, captofol, pentachlorophenol, iprodione, elemental sulphur, *carbendazim**
Antimicrobials	Triazine-S-triones, chlorine-releasing agents, chlorine, dichloronitrobenzene
Rodenticides	Coumadin and derivatives, long-acting and short-acting anticoagulants, strychnine, sodium fluoroacetate, *phosphorous compounds**

*added to original list

O'Malley, M., 1997. Clinical evaluation of pesticide exposure and poisonings. *The Lancet*, 349(9059), 1161-1166.

Organophosphorous pesticides

Organophosphates poison the nervous system by inhibiting the enzyme-catalyzed breakdown of the neurotransmitter acetylcholine. This results in overstimulation of the parts of the

nervous system that contain acetylcholine-i.e. muscarinic post-ganglionic fibers of the parasympathetic nervous system, sweat glands in the sympathetic nervous system, preganglionic fibers in the sympathetic nervous system, and skeletal muscle. Clinical features include miosis, urination, diarrhoea, diaphoresis, lacrimation, excitation of central nervous system [CNS] and salivation. Diagnosis of acute organophosphate poisoning is based on a history of exposure and a blood test of red-cell and plasma cholinesterase. Atropine reverses muscarinic symptoms of organophosphate poisoning for short periods. Delayed organophosphate neuropathy that presents 7–14 days after exposure, and is due to inhibition of neuropathy target enzyme inhibition (79). The intermediate syndrome reported by Senanayake and Karalliedde is distinguished from delayed neuropathy by onset within 24–96 h after recovery from acute cholinergic crisis, tendency for the cranial nerves and proximal muscles to be affected, and tetanic fade instead of denervation potentials on electromyography. Recovery was also faster, occurring over 4–18 days rather than 6–12 months as is typical of delayed neuropathy (94). No re-exposure should be allowed until cholinesterase activities have returned to baseline values. A meta-analysis concluded that oxime therapy was found to have no effect on mortality rate, mechanical ventilation or incidence of intermediate syndrome. (95)

Carbamates

Carbamates have activity similar to organophosphates, but of much shorter duration than that caused by equivalent doses of organophosphates, most recovering within 24 hours. This is because the complex between cholinesterase molecule and carbamate more readily breaks down, thereby obviating the necessity of new enzyme for restoration of function. A transient depression in S. Pseudocholinesterase levels may occur.(79) The mortality rates associated with exposure to these were found to be similar to organophosphates in some settings (96). Based on existing experience, atropine remains the treatment of choice and pralidoxime (2-PAM) is not recommended except in cases where atropine has first been proven inadequate, in serious mixed poisonings with both carbamate and organophosphorus compounds, or in serious poisonings by unidentified cholinesterase inhibitors. (97) Treatment with oximes is not recommended as it can exacerbate the effects of particular carbamates (carbaryl and propoxur). (79)

Organochlorines

DDT is the prototype compound. Symptoms of exposure are hyper-excitability, tremulousness, and seizures, in extreme cases.

Most compounds persist environmentally for years, and can even be measured in the body several months or years after substantial exposure. However, Endrin is an exception, undergoing rapid hepatic metabolism Toxic doses are generally lower, although higher with Endrin. (Oral LD50 in rats 113 mg/kg vs. 4–13 mg/kg for parathion).(79) They have also been

associated with increased risk of breast cancer, but these reports were unsubstantiated.(98)

They are toxic to the central nervous system and sensitize the myocardium to catecholamines. Treatment involves supportive care and avoiding exogenous sympathomimetic agents. (99)

Pyrethroids

Pyrethrum is a partially refined extract of the chrysanthemum flower, which has been used for over 7 decades. They are less toxic to humans as they undergo rapid hydrolysis in the mammalian liver, the lethal dose therefore being high (ld50= 1500 mg/kg in rats). Synthetic pyrethoids are modifications of the pyrethrum molecule, to improve compound stability. In adult human beings, 10 mg/kg oral doses have been reported to cause seizures.(79) They can cause toxic effects to pulmonary and central nervous systems.(99) Two basic poisoning syndromes are seen. Type I pyrethroids produce reflex hyper-excitability and fine tremor. Type II pyrethroids produce salivation, hyperexcitability, choreoathetosis, and seizures. Both produce sympathetic activation. Systemic poisoning is rare in view of slow trans-cutaneous absorption, and hence significant epidermal reservoirs may build up unawares. Carboxyesterase inhibitors enhance pyrethroid toxicity in experimental studies, hence unauthorized mixtures with organophosphate may enhance toxicity. Pentobarbitone is effective probably due to its dual action as chloride channel antagonist and membrane stabilizer. Acute poisoning requires supportive care only. Allergic manifestations were common with earlier, less refined preparations. (100)

Dipyridyls

Ingestion of paraquat causes severe inflammation of the throat, corrosive injury to the gastrointestinal tract, renal tubular necrosis, hepatic necrosis and pulmonary fibrosis. Administration of oxygen should be avoided as it produces more fibrosis. Bentonite and fuller's earth should be used to treat dipyridyl poisoning. If neither is available, activated charcoal is an acceptable substitute. After administration of absorbents, sorbitol catharsis is recommended. (79) Use of immunosuppressive agents have improved outcome in patients with paraquat poisoning. (99)

Rodenticides

Rodenticides include Coumadin and derivatives, long-acting and short-acting anticoagulants, (superwarfarins), strychnine, sodium fluoroacetate, thallium, barium carbonate and phosphides (aluminum and zinc phosphide).

Alopecia is an atypical feature of thallium toxicity. (99)

Most exposures to superwarfarins are harmless but prolonged bleeding may occur. (99)

Barium carbonate Ingestion can cause severe hypokalaemia and respiratory muscle paralysis. (99)

Aluminium phosphide is a highly toxic agent with mortality ranging from 37% to 100%. It inhibits mitochondrial cytochrome c oxidase and leads to pulmonary and cardiac toxicity. Treatment is supportive with some studies suggesting a beneficial effect of magnesium sulphate (99). However, failure of cellular respiration is also likely to be due to a mechanism other than inhibition of cytochrome C oxidase. In addition, phosphine and hydrogen

peroxide can interact to form the highly reactive hydroxyl radical and phosphine also inhibits catalase and peroxidase; both mechanisms result in hydroxyl radical associated damage such as lipid peroxidation (101). The major lethal consequence of phosphide ingestion, profound circulatory collapse, is secondary to factors including direct effects on cardiac myocytes, fluid loss, and adrenal gland damage. In addition, phosphine and phosphides have corrosive actions. (101) Phosphine-induced impairment of myocardial contractility and fluid loss leads to circulatory failure, and critically, pulmonary edema supervenes, though whether this is a cardiogenic or non-cardiogenic is not always clear. Metabolic acidosis, or mixed metabolic acidosis and respiratory alkalosis, and acute renal failure are frequent. Other features include disseminated intravascular coagulation, hepatic necrosis and renal failure. There is conflicting evidence on the occurrence of magnesium disturbances. There is no antidote to phosphine or metal phosphide poisoning and many patients die despite intensive care. Supportive measures are all that can be offered and should be implemented as required. (101)

Ethylene dibromide-a highly toxic, fumigant pesticide-produces oral ulcerations, followed by liver and renal toxicity, and is almost uniformly fatal. (99)

Plant poisons

In parts of the developing world, plant poisoning is a major clinical problem. Poisoning with *Thevetia peruviana* (yellow oleander), *Datura stramonium*, *Cerbera manghas* (pink-eyed cerbera or sea

mango, and *Cleistanthus collinis* (a species of teak) cause a significant numbers of deaths each year in south Asia. (102,73)

Oleander: In some areas, 40% of self-poisoning cases are now linked to oleander seeds, particularly in teenagers, with an annual incidence of more than 150 per 100 000.(102) Almost all deaths result from suicide or homicide.

All parts of these plants are toxic, and contain a variety of cardiac glycosides including neriifolin, thevetin A, thevetin B, and oleandrin. Ingestion of sufficient quantities of any part of the common (*Nerium oleander*) or yellow (*Thevetia peruviana*) oleander can produce a syndrome similar to digoxin poisoning. Clinical features include nausea, vomiting, abdominal pain, diarrhoea, dysrhythmias, and hyperkalemia. In most cases, clinical management of poisoning by either N. oleander or T. peruviana involves administration of activated charcoal and supportive care. (103) Anti-digoxin Fab rapidly and safely reverses yellow oleander-induced arrhythmias, restores sinus rhythm, and rapidly corrects bradycardia and hyperkalemia.(102) However, these are not widely available due to prohibitive costs.

Cleistanthus collinus: Cleistanthus collinus (local name: oduvan) poisoning is a common suicidal poisoning method used in rural southern India. Common signs and symptoms included hypokalemia, vomiting, hyponatremia, altered sensorium, bradycardia and abnormal ECG. Common signs and symptoms included hypokalemia, vomiting, hyponatremia, altered sensorium, bradycardia and

abnormal ECG. Tests of renal tubular function reveal a normal anion gap, hyperchloremic, metabolic, defective urinary acidification, and hypokalemia with kaliuresis, indicative of distal renal tubular acidosis. Urinary hexosaminidase and amino acid levels, markers of proximal tubular dysfunction, are elevated.(104) case fatality rate is 30%. The median time to death after oduvan ingestion is 3 days. (105) Other complications include ARDS, distal renal tubular acidosis and distributive shock secondary to inappropriate vasodilatation (106) A neostigmine responsive myasthenia like crisis in the absence of hypokalemia has been reported. (107) Use of boiled oduvan extract is associated with an increased mortality (HR: 2.71, 95% CI: 1.17-6.32) compared to ingesting fresh leaves. (105)

Pharmaceutical poisons

The true incidence drug poisoning worldwide is not known due to under-diagnosis and under reporting. An estimated 2-5 million cases occur annually in the US alone. (108,109) Overall mortality rates are around 0.05 %, but in hospital mortality rates are 1 – 2 percent (110). Poison exposures account for 5- 10 % of all emergency department visits, and more than 5 % of adult ICU admissions in the US. The annual incidence of poisoning is increasing (108). A rising incidence of prescription drug over dosages has been noted in recent years. This is mainly attributed to prescription opiod analgesics, cocaine, and psychotherapeutics, while illegal drugs such as heroin and methamphetamines. Optimal management of the poisoned patient depends upon the specific poison(s) involved, the presenting and predicted severity of illness, and elapsed time between exposure and

presentation. Treatment variably includes supportive care, decontamination, antidotal therapy, and enhanced elimination techniques.

Antidote administration is appropriate when there is a poisoning for which an antidote exists, the actual or predicted severity of poisoning warrants its use, expected benefits of therapy outweigh its associated risk, and there are no contraindications. Antidotes dramatically reduce morbidity and mortality in certain intoxications, but they are unavailable for most toxic agents and therefore are used in only about 1 percent of cases.

Psychotropic agents

Tricyclic antidepressants: Patients who are symptomatic (e.g., weak, drowsy, dizzy, tremulous, palpitations) after a TCA overdose require emergency referral. Toxic doses: For all TCAs except desipramine, nortriptyline, trimipramine, and protriptyline, the dose is >5 mg/kg. For despiramine it is >2.5 mg/kg; for nortriptyline it is >2.5 mg/kg; for trimipramine it is >2.5 mg/kg; and for protriptyline it is >1 mg/kg.(111) On ECG, a wide-complex arrhythmia with QRS duration longer than 100 msec is an indicator that the patient should be immediately stabilized, given sodium bicarbonate. Symptomatic patients with TCA poisoning might require prehospital interventions, such as intravenous fluids, cardiovascular agents, and respiratory support, in accordance with standard ACLS guidelines (Grade D). Administration of sodium bicarbonate might be beneficial for patients with severe or life-threatening TCA toxicity if there is a prehospital protocol for its use (Grades B/D). 12) For TCA-associated convulsions, benzodiazepines are recommended (Grade D). (111)

Atypical antipsychotics: Toxic doses of various atypical antipsychotics are as follows: aripiprazole 15 mg, clozapine 50 mg, olanzapine 10 mg, quetiapine 100 mg, risperidone 1 mg, ziprasidone 80 mg. Patients who use atypical antipsychotic medications on a chronic basis can be observed at home unless they have acutely ingested more than 5 times their current single dose Continuous cardiac monitoring should be implemented given reports of conduction disturbances associated with this class of medications. Provide usual supportive care en route to the hospital, including airway management and intravenous fluids for hypotension

Selective serotonin reuptake inhibitors: Mild effects include vomiting, somnolence [lightly sedated and arousable with speaking voice or light touch], mydriasis, or diaphoresis. Toxic doses are- citalopram 100 mg, escitalopram 50 mg, fluoxetine 100 mg, fluvoxamine 250 mg, paroxetine 100 mg and sertraline 250 mg. The use of oral activated charcoal can be considered; however, there are no data to suggest a specific clinical benefit. Intravenous benzodiazepines for seizures and benzodiazepines and external cooling measures for hyperthermia (>104 degrees F [>40 degrees C]) are recommended for SSRI-induced serotonin syndrome.(112)

Paracetamol

Clinical signs include repeated vomiting, right hypochondrial tenderness or mental status changes. Activated charcoal can be considered is less than 2 hours have elapsed (Grade A). The toxic dose is around 10 grams or 200 mg/kg, for those above 6 years

age.(113) N-Acetyl cysteine is protective when given within the first eight hours after ingestion.(114) It also reduces mortality when administered after the onset of hepatic failure.(115) S. Acetaminophen should be checked at 4 hours post ingestion, or the earliest possible thereafter. No evidence of toxicity at 36 hours permits discharge.

A retrospective study has identified clinical and laboratory predictors of ICU admission. This has not been validated in our setting (116)

There is no data on the spectrum of tablet poisoning seen in India. A pilot study from our hospital has revealed that drug over dosages accounts for 18.7 % of hospital admissions for poisoning.

Corrosive and caustic ingestion

Caustic ingestion can cause severe injury to the esophagus and the stomach. The severity and extent of esophageal and gastric damage resulting from a caustic ingestion depends upon the following factors (117,118)

1. Corrosive properties of the ingested substance
2. Amount, concentration, and physical form (solid or liquid) of the agent
3. Duration of contact with the mucosa

Most ingestion occurs in children and the remainder in psychotic, suicidal, and alcoholic subjects. More than 5000 caustic ingestions are reported annually in the United States (119).

A study comparing outcomes of acid (mostly glacial acetic acid) or alkali ingestion found that outcomes were overall worse for those who ingested acid (120). Such patients had significantly more severe

mucosal injury, were more likely to be hospitalized in the intensive care unit, to have systemic complications or perforation, and had higher mortality.

Alkali ingestion (such as ammonia or sodium hydroxide) acutely results in a penetrating injury called liquefactive necrosis. The injury extends rapidly (within seconds) through the mucosa and wall of the esophagus towards the mediastinum until the alkali is buffered by tissue fluids. In the stomach, partial neutralization of the ingested alkali by gastric acid may result in a more limited injury. Extensive transmural damage may result in esophageal, gastric, or duodenal perforation, mediastinitis, peritonitis, and death. Esophageal carcinoma is a delayed complication, occurring up to forty years later (121,122)

The clinical features of caustic ingestions vary widely. Early signs and/or symptoms may not correlate with the severity and extent of tissue injury (123). Patients may complain of oropharyngeal, retrosternal or epigastric pain, dysphagia/odynophagia, or hypersalivation. Persistent severe retrosternal or back pain may indicate esophageal perforation with mediastinitis. Other findings that may occur include vomiting, hematemesis, and persistent, localized abdominal tenderness, rebound, and rigidity which may indicate esophageal or gastric perforation with peritonitis. Caustic injury to the oropharynx causes pain and inability to clear pharyngeal secretions with persistent drooling.

Hoarseness, stridor, aphonia and respiratory difficulties are less common and result from caustic burns of the epiglottis and larynx. Pulmonary aspiration leads to dyspnea. Fever, tachycardia, and shock generally imply the presence of more severe and extensive injury (124).

A grading system for esophageal injury to predict subsequent clinical outcome has been developed based upon a study of 81 patients with corrosive ingestion (125).

- Patients with grades 1 and 2A have an excellent prognosis without significant acute morbidity or subsequent stricture formation.
- Patients with grades 2B and 3A develop strictures in 70 to 100 percent of cases.
- Grade 3B carries a 65 percent early mortality and the need for esophageal resection with colonic or jejunal interposition in most cases. Injury should have nasoenteric tube feeding initiated after 24 hours. Oral liquids are allowed after the first 48 hours if the patient is able to swallow saliva.

Steroids or antibiotics are not recommended (125). A prospective randomized trial of corticosteroid therapy for caustic ingestion in children confirmed that stricture formation is directly related to the depth of initial injury. In severe burns, corticosteroids do not protect against stricture formation and may produce serious side effects.(126)

Rationale for this study

In the light of the information above, the problem of suicidal mortality and morbidity, especially with respect to poisonings, is well established. Although community based surveillance has shed light on the means and methods as well as the prevalence poisonings, further knowledge is required. Also, comparing the demographic profile, motives and agents consumed of patients reaching hospital with those in the community may provide valuable information about health seeking behavior, and unmask impediments to accessing timely health care.

Bose et al proved that survival is significantly better for those who access treatment within the first 4 hours. Therefore accurate quantification of the delay incurred before arrival at hospital is of prime importance. Knowledge of first aid care received in this period is also necessary.

Also, as 52.6 % of suicidal poisoning deaths occurred in the hospital(33), details about the clinical signs and symptoms, laboratory profile and response to therapy, as well as further hospital stay, complications and mortality, are necessary. Detailed case specific information on specific poisons ingested and treatment provided, and the impact of treatment choices, is desirable. Predictors of mortality or prolonged hospitalization also need to be derived.

In this respect, certain groups of poisons, namely Organophosphorous pesticides and plant poisons, have been relatively well described in medical literature. However, there is a

realtive paucity of information describing other poison groups, especially the non-organophosphorous insecticides, pharmaceuticals, corrosives and other chemicals. No prospective data on any of the same is available in Indian literature.

Hence, this study was undertaken with the goal of focusing on the profile of the above poison groups, with a descriptive approach, in a prospective, hospital based scenario.

Methodology

Site and Duration

This study was performed in Christian Medical College Hospital (C.M.C.H.), Vellore, a tertiary care referral hospital in Vellore, South India, which sees a daily turnover of around 5,860 and 1,885 outpatients and inpatients respectively.(127) The number of poisonings presenting annually to the Emergency department at C.M.C.H. is approximately seven hundred.

This study was carried out prospectively from January to June 2010. Patients were seen in the Accident and Emergency department, as well as in the medical wards, Gastroenterology ward, medical high dependency and intensive care units.

Study approval

The study was cleared by the institutional review board on December 16th, 2009 –IRB Min. No 7029.

Method

The investigating physician personally assessed all patients included in the study upon inclusion. History was taken from the patient, or immediate relative/ witness, if the patient was in altered sensorium. Vital parameters were recorded as documented in the triage notes when the patient arrived. A pre-designed questionnaire was used for the standard questions, but additional notes were made of clinical findings as encountered (ANNEXURE 3). The patients recorded their own GHQ (General Health Questionnaire) 12 scores, but a narrator was used for illiterate patients. Death, discharge and

additional complication data was obtained from the records of the treating physician. Psychiatric diagnosis and advice was taken from the records of the treating psychiatrist.

Informed consent was obtained in Tamil and English before study inclusion.

Inclusion Criteria

All patients presenting within four days of poison ingestion to the Emergency Department of C.M.C.H.

Exclusion Criteria

All patients with history of ingestion of Organophosphorous poisons (defined as)

–Identified OP compound

–Unknown ingested/inhaled poison with clinical profile of OP poison, and low butyrl cholinesterase levels (<3000) (128).

–All patients with history of ingestion of plant components, in whatever form.

Predicted Sample Size

Pilot study data *(courtesy Toxicology Study Group, CMC Vellore)*

As per Aug-Oct 2009, there were 78 cases fulfilling the above criteria. Therefore, expected sample size is- 156 cases in 6 months.

Other studies of similar nature had similar sample sizes. (86-88)

Data processing and Analysis

Third party software applications were used for electronic data entry and analysis (OpenClinca (www.OpenClinica.org), and

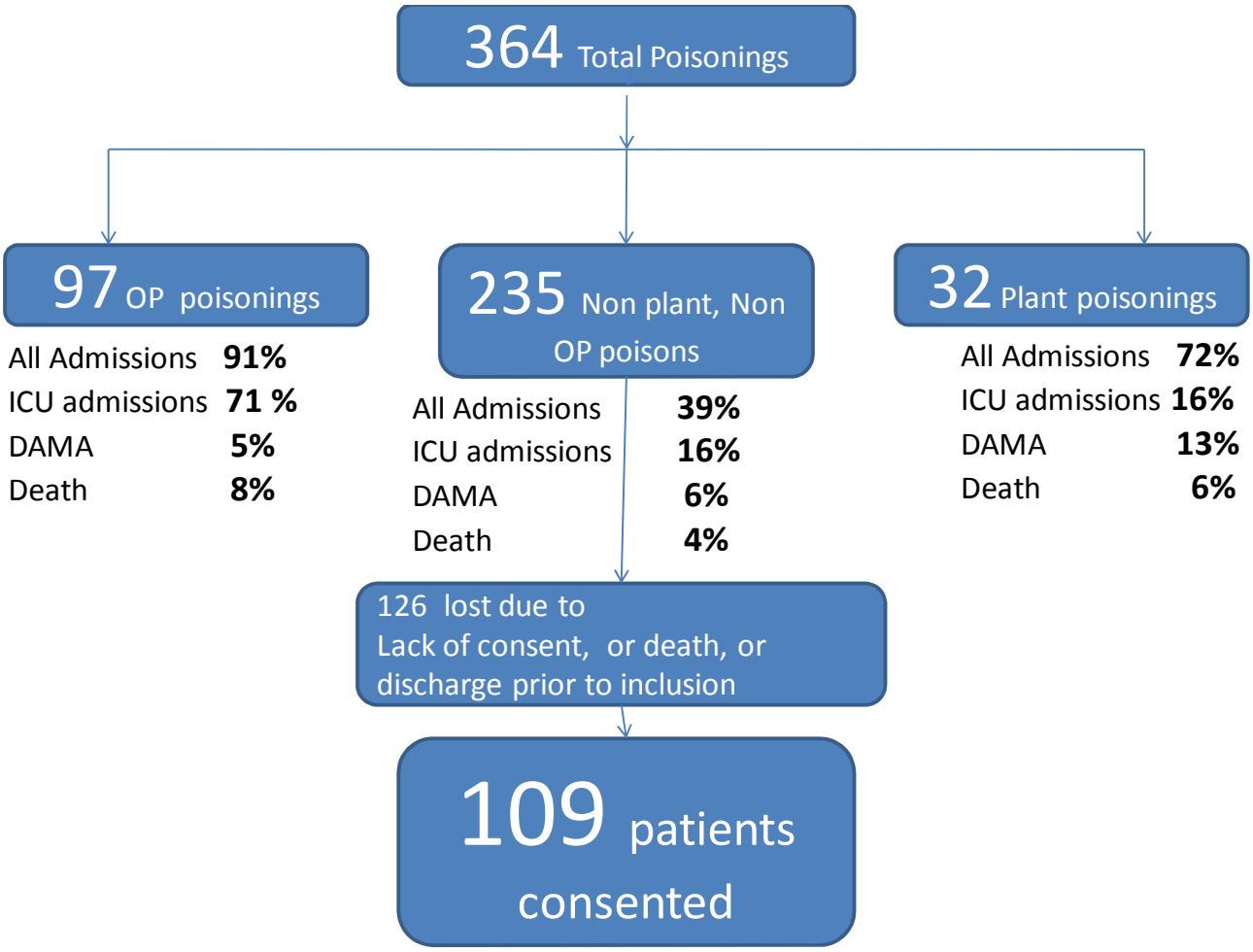
Microsoft Excel and SPSS version 16 respectively). Symptoms, signs and complications were compiled into a list including all reported findings, and subsequently encoded, ensuring minimal loss of information.

Statistical assistance was obtained from the Department of Biostatistics, C.M.C.H. Initial descriptive analysis was performed on the entire sample. Categorical variables were represented with frequencies and percentages, while continuous variables were displayed as mean/ standard deviations. Subsequently, an inter-group comparison of parameters was performed between pesticides, prescription drugs and corrosive/chemicals, using Pearson's Chi-square and One-way Analysis of Variance for categorical and continuous variables respectively. Finally, a binary logistic regression analysis was performed to determine significant predictors of hospital admission.

Results

Flow chart

January to June 2010, number of poisonings presenting to CMCH.



DAMA= Discharge against medical advice;
OP= Organophosphorous poisons; ;
ICU = intensive care unit.

Figure 1 a

Multiple poisons

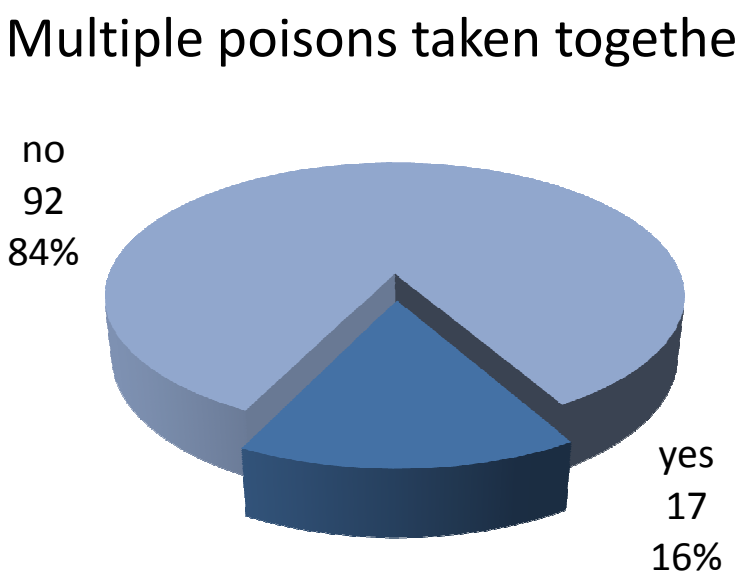


Figure 1 b

Poison class

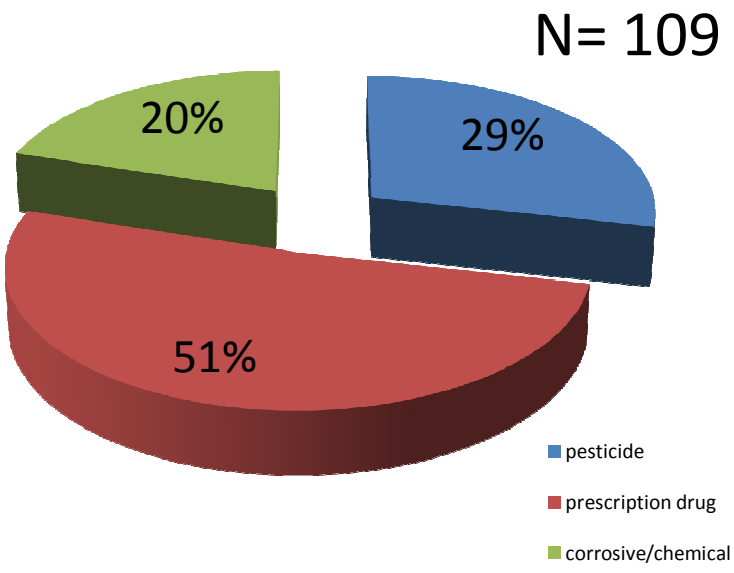


Figure 2a

Mixed poisons- insecticides

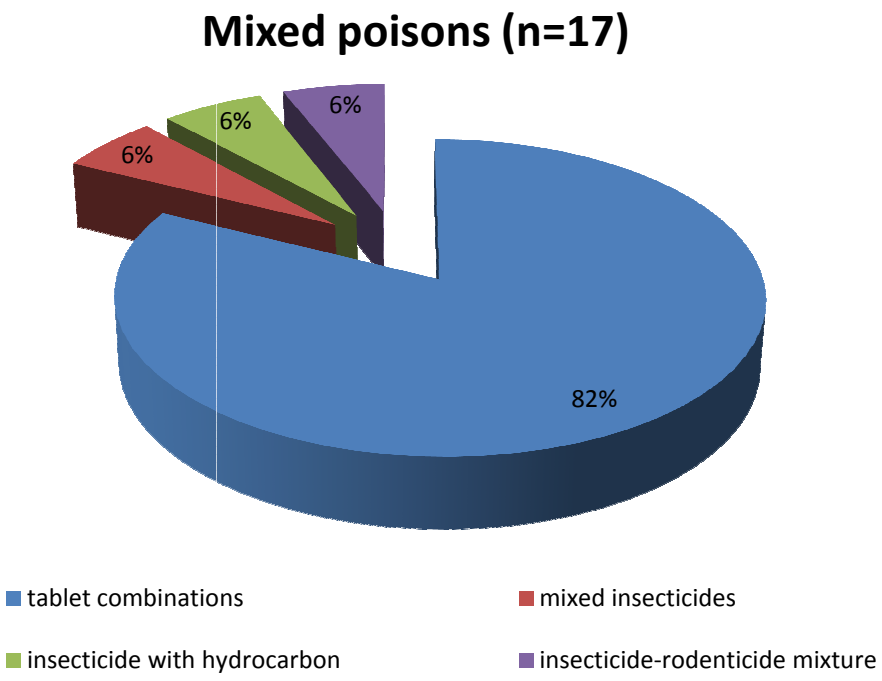


Figure 2b

Multiple poisons- Prescription drugs

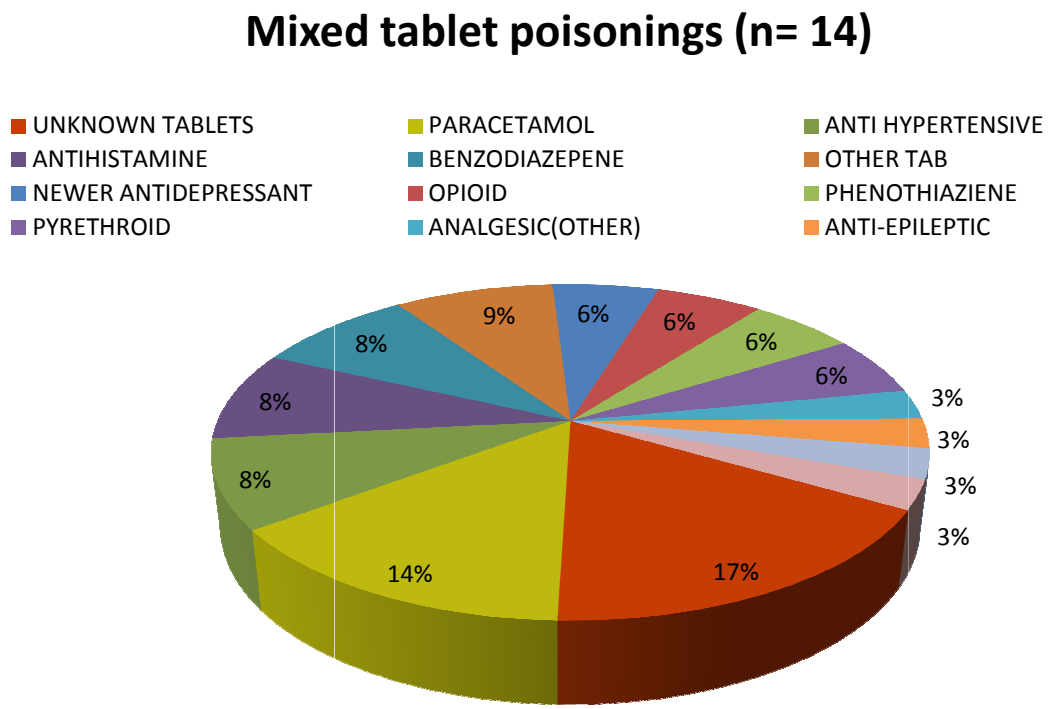
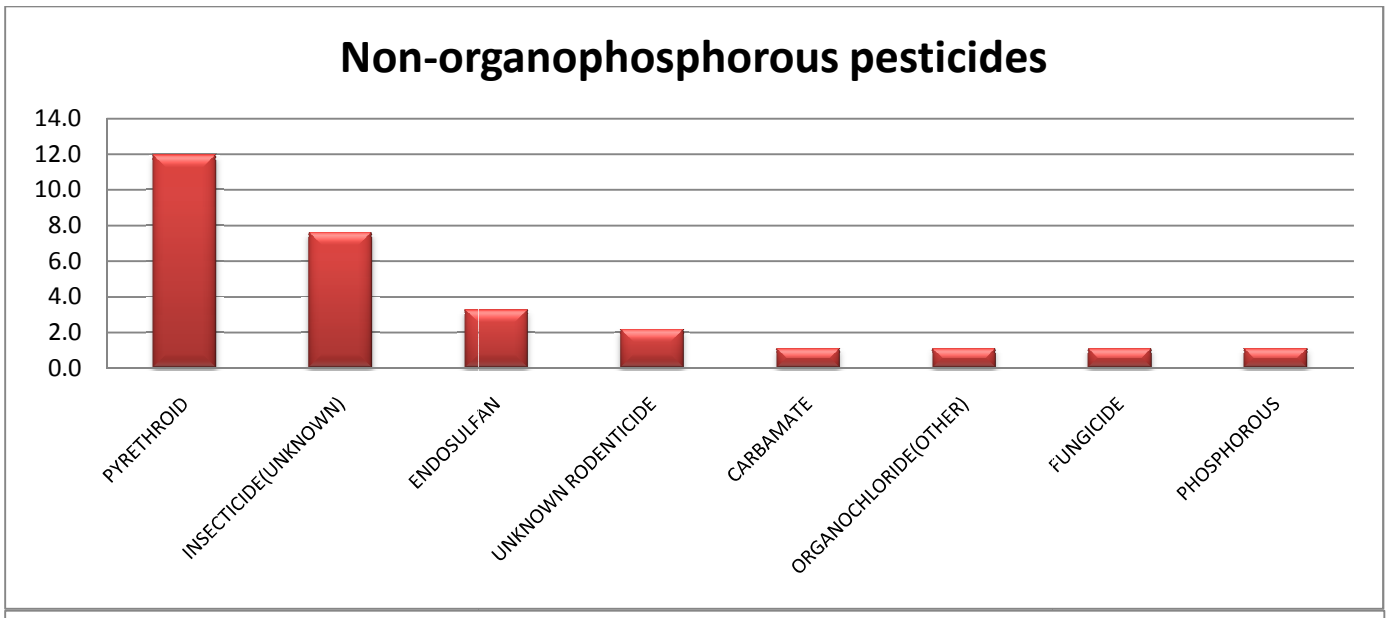
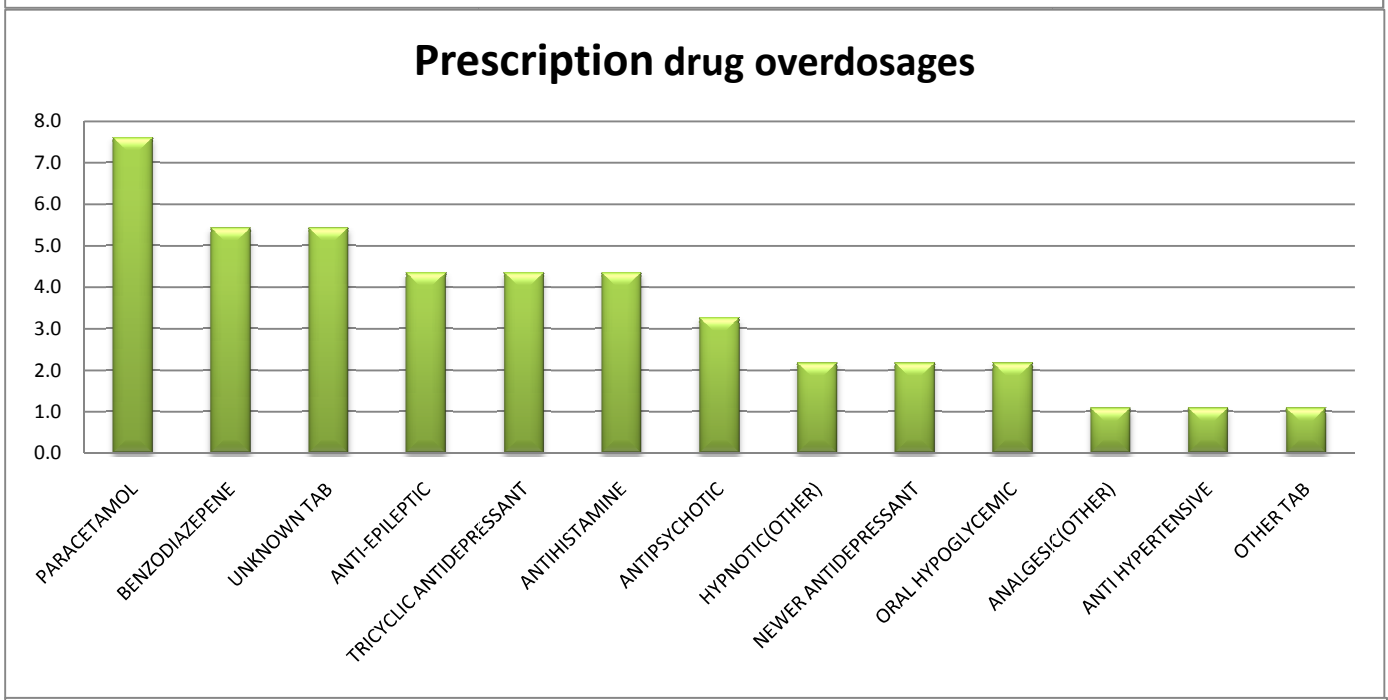


Figure 3


Non-organophosphorous pesticides
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
PYRETHROID
INSECTICIDE(UNKNOWN)
ENDOSULFAN
UNKNOWN RODENTICIDE
CARBAMATE
ORGANOCHLORIDE(OTHER)
FUNGICIDE
PHOSPHOROUS


Prescription drug overdosages
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
PARACETAMOL
BENZODIAZEPENE
UNKNOWN TAB
ANTI-EPILEPTIC
TRICYCLIC ANTIDEPRESSANT
ANTIHISTAMINE
ANTIPSYCHOTIC
HYPNOTIC(OTHER)
NEWER ANTIDEPRESSANT
ORAL HYPOGLYCEMIC
ANALGESIC(OTHER)
ANTI HYPERTENSIVE
OTHER TAB

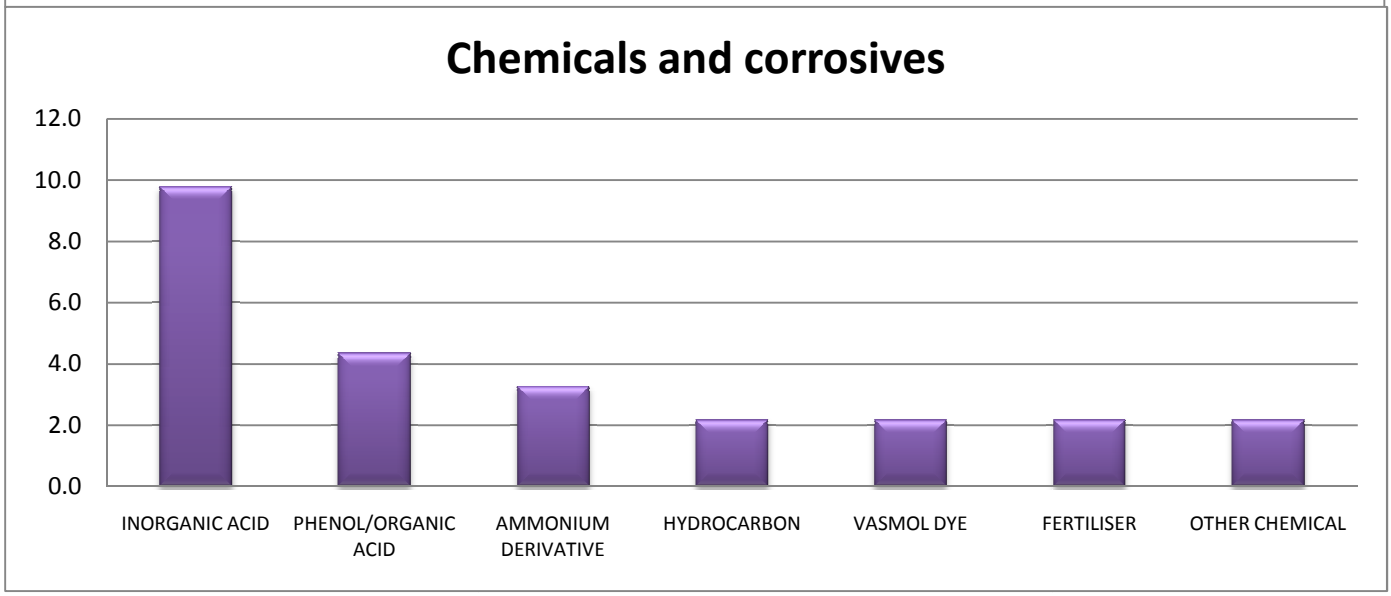

Chemicals and corrosives
12.0
10.0
8.0
6.0
4.0
2.0
0.0
INORGANIC ACID
PHENOL/ORGANIC ACID
AMMONIUM DERIVATIVE
HYDROCARBON
VASMOL DYE
FERTILISER
OTHER CHEMICAL

Table 1.

Results of analysis, all patients

	no	%	mean	SD	min	Max
Age	109		26.63	8.136	15	**63**
Sex						
male	46	42.2				
female	63	57.8				
Education						
mid-school and below	29	26.6				
high school	45	41.3				
graduate	22	20.2				
Occupation						
housewife	39	35.8				
Farmer/Labourer	17	15.6				
student	11	10.1				
others	35	32.1				
Urban or Rural						
rural	61	55.9				
urban	34	31.2				
Multiple poisons						
yes	17	15.6				
no	92	84.4				
Site of ingestion						
other	18	16.5				
home	90	82.6				
Source of poison						
purchased from store	25	22.9				
domestically available	81	74.3				
Co-ingested substance						
None	27	24.8				
Alcohol	11	10.1				
water/others	58	53.2				
Reason for poisoning						
inter-personal conflict	53	48.6				
Unemployment/Job/Study pressure	16	14.7				
Mental or Physical illness	17	15.6				
others	17	15.6				
Accidental ingestion	5	4.6				
Impulsive or premeditated						
impulsive	80	73.4				
pre-meditated	14	12.9				
Delay (hrs)	109		6.1	9.3	.50	**84.83**
Gastric lavage elsewhere						
no	19	17.4				
yes	32	29.4				
First aid at outside hospital						
no	57	52.3				
yes	45	41.3				
Pulse	105		114.3	20.5	80	**170**
Diastolic BP	105		78.6	16.5	50	**140**
Systolic BP	105		118.0	17.8	90	**160**
Respiratory Rate	102		24.2	4.2	15	**48**
O2 Saturation	105		96.4	4.1	78	**100**
Temperature	96		98.1	0.7	97	**104**

Overall, young persons and females were predominant. Most persons had a high-school education. Housewives formed the single largest population group. Most poisons were ingested at home and were available domestically. Inter-personal conflicts were the most common precipitant reasons cited. The average time delay was 6.1 hrs (5.06 hrs when outliers (n=2, >24hrs) removed). Only a minority received first aid and stomach wash prior to presentation.

(Categorical variables represented as percentage; Continuous variables as mean, standard deviation (S.D.), minimum and maximum. Percentage represents all respondents to particular query; missing values not displayed.)

Table 1.

Results of analysis, all patients

	no	%	mean	SD	min	Max
GRBS	93		125.4	40.6	76	**264**
Pupil size	96		3.9	1.0	1	**6**
ECG rate	65		96.3	23.5	50	**150**
PR interval	67		142.5	25.8	88	**198**
QTc interval	67		427.1	36.1	322	**560**
Gastric lavage in CMCH						
no	54	49.5				
yes	55	50.5				
Admitted						
no	76	69.7				
yes	33	30.3				
In-patient days	109		1.8	5.5	0	41
Intubated						
no	97	89.0				
yes	12	11.0				
Intensive care required						
no	96	88.1				
yes	13	11.9				
vSodium	106		139.2	3.8	132	156
vPotassium	106		3.6	0.5	2.1	5.5
vHCO3	105		19.8	3.3	8	26
vCalcium	7		7.343*	2.2560	4.1	9.6
vPhosporous	6		3.0	2.0	1	7
Total Bilirubin	37		1.0	1.7	.4	8.4
direct Bilirubin	38		0.3	0.6	.1	3.8
Total Protein	37		7.9	0.8	5.5	9.9
Albumin	37		4.5	0.4	3.1	5.8
SGOT	38		185.0	593.0	12	3259
SGPT	38		81.2	255.6	5	1460
Alkaline Phosphatase	37		70.5	30.3	12	168
Creatinine	102		1.0	0.2	.5	1.8
Urea	17		23.4	7.4	15	43
Any complication?						
no	47	43.1				
yes	47	43.1				
Mortality	2	1.8				
GHQ >= 3						
no	28	25.7				
yes	39	35.8				
Psychiatric illness						
nil	12	11.0				
Depression/ BPAD/ Dysthymia	12	11.0				
Adjustment disorder	15	13.8				
other disorder	9	8.3				
History of substance abuse						
no	81	74.3				
yes	12	11.0				
Need for further psychiatric care						
no	8	7.3				
yes	42	38.5				
Duration of IP stay			.69	1.405	0	5

One third of patients seen in casualty were subsequently admitted. Only half the patients saw a psychiatrist prior to leaving the hospital. Adjustment disorder was the commonest psychiatric diagnosis.

(Categorical variables represented as percentage; Continuous variables as mean, standard deviation (S.D.), minimum and maximum. Percentage represents all respondents to particular query; missing values not displayed.)

Table 2a.

Results of analysis, patients who took only one poison type (n=92).

	PESTICIDE				PRESCRIPTION DRUGS				CORROSIVES AND OTHER CHEMICALS							
	n	%	mean	S.D.	n	%	mean	S.D.	n	%	mean	S.D.	2 sided Significance.	Pearson Chi-Square Value	F	df
Age	28		25.2	5.3	42		27.8	8.3	22		26.2	10.5	**.422**		.872	2
Sex													**.010**	9.305		2
male	20	18.3%			20	18.3%			6	5.5%						
female	11	10.1%			36	33.0%			16	14.7%						
Education													**.035**	10.312		4
mid-school and below	15	15.6%			11	11.5%			3	3.1%						
high school	11	11.5%			24	25.0%			10	10.4%						
graduate	3	3.1%			13	13.5%			6	6.3%						
Occupation													**.008**	17.447		6
housewife	6	5.9%			25	24.5%			8	7.8%						
Farmer/Labourer	9	8.8%			5	4.9%			3	2.9%						
student	2	2.0%			3	2.9%			6	5.9%						
others	12	11.8%			18	17.6%			5	4.9%						
Rural or Urban													**.022**	7.664		2
Rural	22	23.2%			25	26.3%			14	14.7%						
Urban	6	6.3%			24	25.3%			4	4.2%						
Site of ingestion													**.004**	11.085		2
other	11	10.2%			5	4.6%			2	1.9%						
home	20	18.5%			50	46.3%			20	18.5%						

Males preferred pesticide, where as pharmaceuticals and corrosives were predominantly taken by females. Education was poorest amongst pesticide ingestors. Farmers and labourers predominated among the pesticide group, where as housewives predominated in the other groups. Students were a significant group among corrosive ingestors. Pharmaceuticals were more common among the urban, and pesticides tended to occur more in the rural. While all poisons were ingested most commonly at home, pesticide poisoning occurred often outside the home as well.

(Categorical variables represented as percentage, with Chi-square test for significance; Continuous variables represented as mean, standard deviation (S.D.) and one-way ANOVA level of significance. Percentage represents all respondents of total queried,; missing values not displayed.)

Table 2b.

Results of analysis, patients who took only one poison type (n=92).

	PESTICIDE				PRESCRIPTION DRUGS				CORROSIVES AND OTHER CHEMICALS							
	n	%	mean	S.D.	n	%	mean	S.D.	n	%	mean	S.D.	2 sided Significance.	Pearson Chi-Square Value	F	Df
Source of poison													**<.001**	16.412		2
purchased from store	15	14.2%			8	7.5%			2	1.9%						
domestically available	15	14.2%			47	44.3%			19	17.9%						
Co-ingested substance													**<.001**	49.587		4
None	8	8.3%			4	4.2%			15	15.6%						
Alcohol	8	8.3%			3	3.1%			0	0.0%						
water/others	10	10.4%			44	45.8%			4	4.2%						
Reason for ingestion													**.009**	17.170		6
inter-personal conflict	13	12.6%			27	26.2%			13	12.6%						
Unemployment/Job/Study pressure	8	7.8%			5	4.9%			3	2.9%						
Mental or Physical illness	1	1.0%			15	14.6%			1	1.0%						
others	7	6.8%			5	4.9%			5	4.9%						
Impulsive or premeditated													**.796**	0.455		2
impulsive	24	25.5%			42	44.7%			14	14.9%						
premeditated	3	3.2%			8	8.5%			3	3.2%						
Gastric lavage outside													**.318**	2.292		2
no	10	19.6%			6	11.8%			3	5.9%						
yes	10	19.6%			15	29.4%			7	13.7%						

Pesticides were sourced equally often from home and purchase stores. However, the pharmaceuticals and corrosives consumed were domestically available. Alcohol co-ingestion was mostly noted among pesticide poisonings, while corrosives were ingested directly. Vocational stressors were relatively more common among pesticide ingestors, while persons with chronic mental or physical illnesses took pharmaceutical poisons. Pharmaceutical overdoses commonly occurred

(Categorical variables represented as percentage, with Chi-square test for significance; Continuous variables represented as mean, standard deviation (S.D.) and one-way ANOVA level of significance. Percentage represents all respondents of total queried,; missing values not displayed.)

Table 2c.

Results of analysis, patients who took only one poison type (n=92).

	PESTICIDE				PRESCRIPTION DRUGS				CORROSIVES AND OTHER CHEMICALS							
	n	%	mean	S.D.	n	%	Mean	S.D.	N	%	mean	S.D.	2 sided Significance.	Pearson Chi-Square Value	F	df
First aid at outside hospital													**.049**	6.014		2
no	11	10.8%			35	34.3%			11	10.8%						
yes	18	17.6%			18	17.6%			9	8.8%						
Delay in presentation(hrs)	28		4.6	3.0	42		6.4	5.4	22		5.7	8.5	**.460**		.784	2
Pulse	28		114.3	20.5	40		103.9	23.4	21		93.9	17.8	**.005**		5.554	2
Diastolic BP	28		78.6	16.5	39		77.2	12.1	21		74.8	9.3	**.603**		.509	2
Systolic BP	28		118.0	17.8	40		115.0	17.7	21		114.3	14.3	**.697**		.362	2
Respiratory Rate	28		25.5	6.4	40		23.8	3.1	20		23.4	3.5	**.201**		1.634	2
O2 Saturation	28		95.6	4.3	41		97.0	3.2	20		95.1	6.3	**.230**		1.494	2
Temperature	27		98.3	0.7	36		98.2	1.0	18		98.1	0.3	**.787**		.241	2
GRBS	24		122.1	38.6	35		125.7	35.1	19		137.6	57.7	**.472**		.759	2
Pupil Size	27		4.0	1.2	37		4.0	1.1	19		4.0	0.9	**.996**		.004	2
ECG rate	16		96.6	21.4	24		99.9	24.8	13		101.7	25.8	**.844**		.170	2
PR interval	16		134.8	20.3	26		142.4	24.5	13		139.7	29.2	**.619**		.484	2
QTc interval	16		420.9	23.0	26		424.1	35.9	13		443.4	39.0	**.159**		1.905	2
vSodium	28		140.7	4.2	40		138.8	3.8	21		138.5	2.9	**.065**		2.816	2
vPotassium	28		3.5	0.6	40		3.6	0.4	21		3.7	0.6	**.424**		.867	2
vHCO3	28		19.2	4.1	40		20.3	2.7	21		19.0	3.4	**.271**		1.327	2
vCalcium	1		8.9	.	4		7.7	2.4	2		5.9	2.5	**.593**		.598	2
vPhosporous	1		1.4	.	3		3.4	2.8	1		3.3	.	**.834**		.200	2

Tachycardia was most significantly present amongst pesticide ingestors. There was no significant difference among the three categories of poisons with respect to the other vital signs and baseline investigations.

(Categorical variables represented as percentage, with Chi-square test for significance; Continuous variables represented as mean, standard deviation (S.D.) and one-way ANOVA level of significance. Percentage represents all respondents of total queried,; missing values not displayed.)

Table 2d.

Results of analysis, patients who took only one poison type (n=92).

	PESTICIDE				PRESCRIPTION DRUGS				CORROSIVES AND OTHER CHEMICALS							
	n	%	Mean	S.D.	n	%	mean	S.D.	n	%	mean	S.D.	2 sided significance.	Pearson Chi-Square Value	F	Df
Total Bilirubin	7		1.5	2.4	15		0.7	0.4	7		0.7	0.2	**.281**		1.332	2
direct Bilirubin	7		0.2	0.0	16		0.2	0.1	7		0.3	0.2	**.402**		.942	2
Total Protein	7		7.9	0.7	15		7.9	0.7	7		8.0	1.3	**.993**		.007	2
Albumin	7		4.7	0.6	15		4.6	0.3	7		4.3	0.6	**.434**		.862	2
SGOT	7		286.3	658.3	16		19.9	5.8	7		568.3	1190.2	**.177**		1.845	2
SGPT	7		220.6	546.6	16		13.9	7.7	7		107.9	187.8	**.256**		1.435	2
Alkaline Phosphatase	7		80.9	29.4	15		62.8	26.9	7		75.6	25.8	**.310**		1.225	2
Creatinine	27		1.0	0.2	39		0.9	0.1	21		1.0	0.2	**.009**		5.024	2
Urea	6		27.0	10.2	4		22.8	5.7	5		20.0	2.9	**.321**		1.251	2
Gastric lavage in CMCH													**.001**	15.006		2
no	13	11.9%			22	20.2%			19	17.4%						
yes	18	16.5%			34	31.2%			3	2.8%						
Admitted													**.067**	5.400		2
no	22	20.2%			43	39.4%			11	10.1%						
yes	9	8.3%			13	11.9%			11	10.1%						
Intubated													**.482**	1.459		2
no	28	25.7%			51	46.8%			18	16.5%						
yes	3	2.8%			5	4.6%			4	3.7%						
Intensive care required													**.278**	2.561		2
no	26	23.9%			52	47.7%			18	16.5%						
yes	5	4.6%			4	3.7%			4	3.7%						

Pesticide ingestors were found to have higher creatinine values at admission (possibly confounded by larger numbers of males). Gastric lavage was withheld to corrosive and chemical ingestors in this hospital.

(Categorical variables represented as percentage, with Chi-square test for significance; Continuous variables represented as mean, standard deviation (S.D.) and one-way ANOVA level of significance. Percentage represents all respondents of total queried,; missing values not displayed.)

Table 2e.

Results of analysis, patients who took only one poison type (n=92).

	PESTICIDE				PRESCRIPTION DRUGS				CORROSIVES AND OTHER CHEMICALS							
	n	%	mean	S.D.	n	%	mean	S.D.	n	%	mean	S.D.	2 sided Significance.	Pearson Chi-Square Value	F	df
Any complication													**.021**	7.705		2
no	15	16.0%			27	28.7%			5	5.3%						
yes	13	13.8%			18	19.1%			16	17.0%						
Mortality													**.090**	4.817		2
no	26	27.7%			45	47.9%			21	22.3%						
yes	2	2.1%			0	0.0%			0	0.0%						
In-patient days	28		0.8	1.5	42		0.7	1.4	22		6.2	11.0	**<.001**		8.361	2
GHQ >=3													**.901**	.195		2
no	8	11.9%			15	22.4%			5	7.5%						
yes	13	19.4%			20	29.9%			6	9.0%						
Psychiatric illness													**.097**	10.743		6
nil	3	6.3%			7	14.6%			2	4.2%						
Depression/ BPAD/ Dysthymia	3	6.3%			9	18.8%			0	0.0%						
Adjustment disorder	9	18.8%			4	8.3%			2	4.2%						
other disorder	1	2.1%			6	12.5%			2	4.2%						
History of substance abuse													**.129**	4.097		2
no	20	21.5%			43	46.2%			18	19.4%						
yes	6	6.5%			3	3.2%			3	3.2%						
Need for further psychiatric care													**.728**	.635		2
no	2	4.0%			4	8.0%			2	4.0%						
yes	14	28.0%			22	44.0%			6	12.0%						

Complication rates were significantly higher among corrosive ingestors than other groups. In patient stay was maximal among the corrosive ingestion group.

GHQ- General Health Questionairre.

(Categorical variables represented as percentage, with Chi-square test for significance; Continuous variables represented as mean, standard deviation (S.D.) and one-way ANOVA level of significance. Percentage represents all respondents of total queried,; missing values not displayed.)

Table 3

Multivariate analysis

A stepwise logistic regression of all parameters was performed to determine predictors of admission to the hospital.

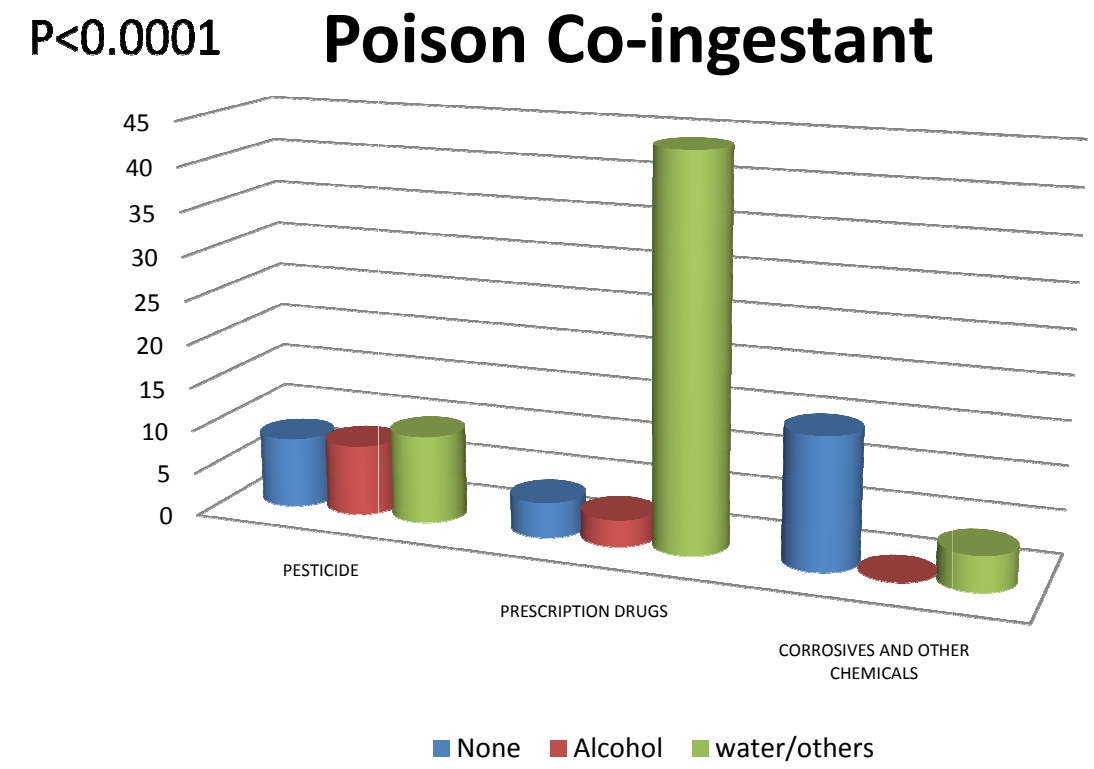
In the univariate analysis, 4 characteristics were found to be of significance- Systolic Blood Pressure, O2 saturation, GRBS and Respiratory rate;

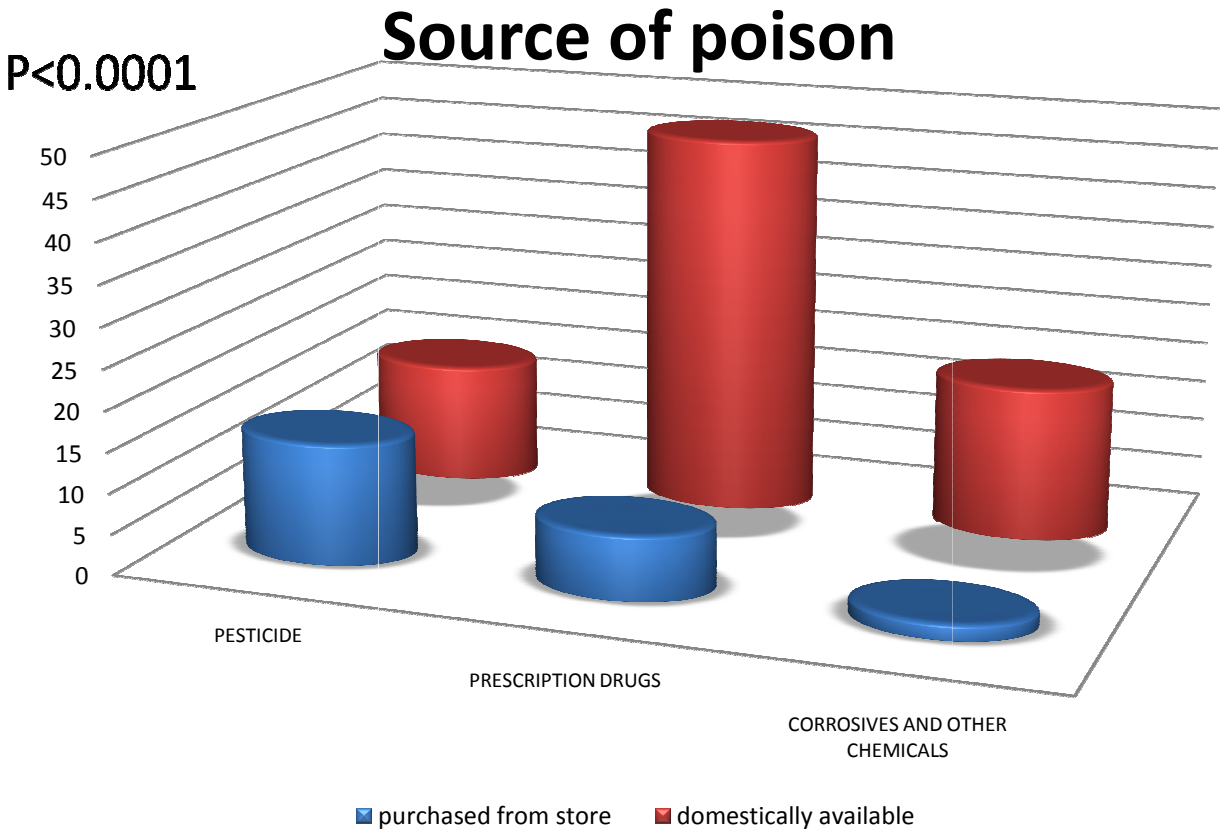
In the final analysis, Systolic Blood Pressure, O2 saturation, GRBS were found to be significant predictors of admission

Odds Ratio Estimates			
Effect	Point Estimate	95% Wald Confidence limits	
Systolic Blood Pressure	1.056	1.010	1.105
O2Saturation	0.794	0.674	0.936
GRBS	1.031	1.014	1.049

Figure 4

Additional figures





Discussion

Demographic characteristics

Although this is a hospital based study, the demographic profile of patients resembles that of recent community based studies, in terms of youth predominance. Also, female predominance is noted among the young as in other studies, (6-9) suggesting that access to healthcare was not denied to any demographic group. However, elder males were not seen commonly among the group poisons studied- possibly due to exclusion of organophosphorous pesticides.

The majority of morbidity and mortality due to poisonings affect the young. Similar findings were reported by the community based studies. This may reflect the population age profile, but it is more likely that young people take more poison due to other factors. Women were the predominant sex; this too concurred with the community studies. Most persons in this study had completed education up to high school, and the predominant occupation was being a housewife- blue collar workers were a minority. This may be because most farmers and labourers, who take organophosphates, were excluded in this study.

The fact that most poisonings occurred impulsively, in the home, with poisons that are available domestically, suggests that the majority of acts of poisoning are acutely planned and executed with the most readily available agent. Accidental poisonings comprised only a very small number, and were mainly related to errors in

medical drug prescription, or unsafe storage of poisons in food/beverage containers.

The most common reason cited for poison ingestion was a stressor in the form of a relational conflict, or vocation-related stressor, mainly unemployment, dissatisfaction with job or poor academic performances. Psychiatric or physical illness as a whole was a minor contributing factor to direct attributable reason for poisoning. This supports recent reports from India, which describe that psycho-social distress, rather than psychiatric disease, is the main reason for poisoning.(9) This is unlike the western scenario, where psychiatric disease predominates.

The duration of time elapsed between poisoning and presentation has important implications as most persons are alive for the first four hours after poison ingestion(33). Therefore, this delay in accessing healthcare may be a cause for high mortality. This delay has never been described in literature from India as far as we are aware.

Inferences derived from comparing between the different groups of poisons

The differences in choice of poison between the sexes probably reflects the proximity of the particular agent chosen, with males having easier access to and availability of pesticides, and females having more access to the other two groups, in view of their respective professions.

A pattern therefore begins to emerge, with two main poles- at one extreme, the less educated male farmer(or labourer) who in response to severe psycho-socio-economic stressors, consumes pesticide in an attempted act of suicide; and at the other extreme pole, that of the better educated female housewife or student, who in response to a stressor, preferentially poisons herself with the immediately accessible poison- usually a drug or sometimes that of a corrosive agent. The reason that corrosive poison (usually toilet cleaning acid) was taken more often by students/housewives as compared to farmers may reflect better housing conditions and attached toilets among the former, where the acid is stored.

Of the three groups, alcohol co-ingestion was present mainly among the pesticides. This may correlate with the increased prevalence of males in this group.

Among the three groups, the highest proportion of adjustment disorder among the farmer/labourers is possibly a marker of severe psycho-social stress being most prevalent among this group. This may be compounded by their lower education level, as described above.

The reason that pesticides more often than the other two groups, were initially treated at an outside hospital and had higher rates of gastric lavage, may be in part due to the fact that many of these poisonings occurred away from home- thereby causing the patients to be taken initially to the nearest available medical facility by a bystander.

Previous reports had suggested a link between mental illness, chronic pain and prescription drug over dosages, especially narcotics (129). In this study, it was clear that persons with the above preferred drugs.

It is a matter of concern to note that despite there being clear evidence to avoid gastric lavage in cases of corrosive poisoning, it was still noticeably prevalent. Therefore, better education of primary care givers on this matter is necessary. The few cases of lavage administered to corrosives in our hospital were accidental, due to the clinical history and picture being non-lucid at presentation.

As a significant proportion of pesticides were purchased immediately before their consumption, the potential benefits of stricter regulation and restriction on sale of pesticides need to be seriously considered.

Conclusion

From this study, it appears that the overall demography of poisonings matches that of other reports from India, with youth predominance. Also, the vast majority of poisoning were reported as impulsive, with the most common reasons being inter-personal conflicts and social/economic stressors; psychiatric morbidity accounted only for a small percentage of the same- confirming the findings of other previous authors (47). This is in contrast to western data, where poisoning usually occurs amongst the middle aged, often resulting from psychiatric disease (4). Psychotropic drugs formed the single largest pharmaceutical group, followed by acetaminophen. Among the non-organophosphorous poisons, pyrethroids were common, while inorganic “cleaning acids” were the most common corrosives. Around one-third of all patients required further ward admission while one tenth required ICU care.

There were statistically significant differences between the three groups (non-organophosphorous pesticides, prescription drugs and corrosives/ chemicals) with respect to sex, literacy, occupation, rural-urban distribution, pattern of ingestion (i.e. - ingestion site, poison source, co-ingestant, reason for ingestion, first aid utilisation), complication rates and duration of ward stay. It therefore appears that different classes of people reach for different poison agents, when in distress. This has important implications for preventive strategies. A specific approach is required to ensure that limitation of access to

poisons, as well as psychological education, is appropriate to the individual concerned. Also, the prognosis varies widely based on the exact nature of the ingested compound.

There was a significant delay in presentation to this hospital (mean – 6 hours), with paucity of appropriate first aid measures, and occasional harmful treatment outside (such as administration of gastric lavage in corrosive poisonings), stressing the need for better training and equipping of health services. Previous authors have shown that most persons are alive for the first four hours following poison ingestion. Therefore, this information has important implications.

The psychiatric profile available from the limited number of patients shows that adjustment disorders predominate, suggestive of acute psychological stress rather than disease. GHQ (General Health Questionnaire) 12 scores were also positive in the majority of persons questioned.

On the whole, measures to prevent poisoning require a holistic approach- with minimizing access to harmful substances through safer storage and distribution methods, as well as rationally limiting the availability of toxic agents to the minimum necessary, especially in the domestic environment, where most cases of poisonings are likely to occur. This requires a public health approach, with community education and awareness building toward prevention, equipping of health services to deal with the situation and strict

legislation to curtail distribution of these agents to the lowest required level. Implementation of this will certainly lead to an improvement in the current dismal scenario.

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ANNEXURE 1: DATA TABLES

HospNo	Name	Age	Sex	Address	Education	Occupation	multiplepoisons	P_Class1	PoisonCode1	P_Class2	PoisonCode2
049179B	SARASWATHY	17	2	2/37, BUTHER STREET PERMUGI '	higher secondary	unemployed	yes	DRUG	UNKNOWN TAB	DRUG	.
055619D	BASKAR	33	1	155 THOPPU STREET VANAPADI I	NIL	unemployed	no	DRUG	ANTIPSYCHOTIC	.	.
080438C	CHITRA	29	2	26,R.N.PALAYAM KASPA,VELLORE	NIL	MISSING	yes	DRUG	PARACETAMOL	DRUG	.
104402B	PREMA KUMARI	35	2	SILK MILL BVELLORE	higher secondary	CMCemployee	yes	DRUG	ANTI HYPERTENSIVE	DRUG	.
125871B	IRUCHAPPAN	59	1	MUDINAMPATTU GUDIYATHAM	10th	farmer	yes	DRUG	ORAL HYPOGLYCEMIC	DRUG	OTHER TAB
130886B	KARTHIKA	16	2	19, SANJEEV PILLAI STREET SABA	higher secondary	student	yes	INSECTICIDE	INSECTICIDE(UNKNOWN)	CORROSIVE/CHEMIC	HYDROCARBON
154632D	KAVITHA	33	2	2/90,I6, DURAI SAMY MUDALI STRE	graduate	housewife	yes	DRUG	BENZODIAZEPENE	DRUG	.
284442D	SHANTHI	41	2	4/10, RAMANATHAPURAM VILLAGE	<5th	housewife	yes	DRUG	PARACETAMOL	DRUG	.
301377A	REVATHY	28	2	5/1 KANNA STREET SAIDAPET VE	higher secondary	housewife	no	DRUG	BENZODIAZEPENE	.	.
305859D	JOTHI V	22	2	PILLAYAR KOIL ST MELVADUNGAI	unknown	housewife	no	DRUG	HYPNOTIC(OTHER)	.	.
329758D	DHANAKOTTI S	33	2	DHARANAMPET, GUDIYATTAM, VE	unknown	labourer	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
369765A	SARAVANAN	28	1	9/1, KALAS RAM SINGH STREET, V	unknown	MISSING	no	DRUG	HYPNOTIC(OTHER)	.	.
378016D	KAVITHA S	25	2	VADUGATHIPPATTI MADHANOOR	unknown	housewife	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
611155D	JEYAKODI	19	2	MARIAMMAN KOIL STREET SITHAI	<5th	housewife	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
613415D	LAKSHMI KUMAR	24	1	MALLERE, KALLUPALL PO GANGA	unknown	farmer	no	NON INGESTED	INSECTICIDE(UNKNOWN)	.	.
613446d	SURESH KUMAR	32	1	NAGALUNG ISHWAR STREET PER	unknown	labourer	no	INSECTICIDE	PYRETHROID	.	.
616309D	SANGEETHA M	26	2	3/52, CHENDRAMPALLI KILIMUTHU	10th	housewife	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
616311D	SHARMILLA BANU	39	2	28/204, TELEPHONE COLONY, CHI	diploma	others	yes	DRUG	PARACETAMOL	DRUG	ANTIHISTAMINE
616312D	BABY RANI	32	2	3-248, HOUSING BOARD,'OPERAPA	diploma	housewife	no	DRUG	OTHER TAB	.	.
616313D	VINO ANAND	24	1	47, SEKIZHER STREET, E.B NAGAR	graduate	MISSING	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
616320D	PRAGADEESWARAN	28	1	8, MARATHODI SHANN ARASAMPE	unknown	others	no	CORROSIVE/CHEMICAL	OTHER CHEMICAL	.	.
620135D	REDYAPA	21	1	PALAMNER CHITTOOR ANDHRA F	unknown	labourer	no	INSECTICIDE	PYRETHROID	.	.
620140D	DINISHA	19	2	VELKUR G D NELLOREMANDAL C	graduate	student	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
620141D	SHAKILA	27	2	KODOKHIAL VILLAGE, VELLORE T	NIL	housewife	no	DRUG	ANTIHISTAMINE	.	.
620160D	RAGHAV KANSAL	18	1	VIT VELLORE	higher secondary	student	no	DRUG	PARACETAMOL	.	.
620359D	PERUMAL T	29	1	MARIAMMAN KOIL ST, PAPANAPA'	higher secondary	labourer	no	CORROSIVE/CHEMICAL	AMMONIUM DERIVATIVE	.	.
620391d	MANJU JEYAKUMAR	25	2	896, second mainroad, rajaji nagar, k	unknown	MISSING	no	DRUG	ANTIHISTAMINE	.	.
620549D	LEELAVATHI R	24	2	S.V. COLLEGE THIRUPATHUR	postgraduate	student	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
620600D	SUBBALAKSHMI	28	2	NO 25 ASHOK NAGAR, GUDIYATTA	unknown	housewife	no	DRUG	UNKNOWN TAB	.	.
625165D	HARI	26	1	KASB, VELLORE TN	<5th	labourer	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
625455D	THIRUVUNAKARASU	27	1	KRISHNA VASAL SANTHAVAPURA	10th	farmer	no	INSECTICIDE	PYRETHROID	.	.
625505D	KARTHIKEYAN	24	1	24, TANNERY GOGOWN STREET, (	postgraduate	MISSING	no	DRUG	BENZODIAZEPENE	.	.
625555D	MANJU SARANYA	20	2	NO.148 ROAD STREET THALANUR	10th	housewife	no	INSECTICIDE	PYRETHROID	.	.
628761D	JAYAVELU K	37	1	RAMACHANDRAPURAM KATTAKA	higher secondary	others	no	CORROSIVE/CHEMICAL	OTHER CHEMICAL	.	.
630010D	BASKARAN	23	1	109,VANNIYAR ST SRIKALIKAPUR/	higher secondary	unemployed	no	DRUG	ANTIHISTAMINE	.	.
630016D	RAVI	27	1	KAMMATHIMAM PALLI VILLAGE PA	diploma	unemployed	no	DRUG	ANTIHISTAMINE	.	.
638113D	VASU	28	1	MORDHANA PALLI KUKALAPALLI '	7th	mason	no	RODENTICIDE	UNKNOWN RODENTICIDE	.	.
638257D	KUPPAN	27	1	KULATHUR - THIMMAMPETTAI KA	10th	driver	no	INSECTICIDE	PYRETHROID	.	.
638596D	SASIREKHA	22	2	SANNATHI STREET KAARAPATTU	10th	housewife	no	DRUG	ANTIPSYCHOTIC	.	.
640426D	MUNIYAMMAL	25	2	PANNAI VEEDU GANDHI NAGAR F	NIL	housewife	no	INSECTICIDE	FERTILISER	.	.
641390D	LAKSHMI D	38	1	10 RAJA DESHINGH NAGAR GINGI	10th	housewife	no	DRUG	BENZODIAZEPENE	.	.
642729D	RAMU V	30	1	99, AMBEDKAR ST THUTHIPET VII	8th	others	no	INSECTICIDE	PYRETHROID	.	.
645820D	ATHIYA SHAHEEN	22	2	9/2 FAKIR SAHEB STREET, SAIDAF	8th	housewife	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
646798D	SARAVANAN	29	1	CHERLOPALLI CHITTOOR ANDHR	10th	labourer	no	DRUG	PHENOTHIAZIENE	.	.
648354D	MANIMARAN G	24	1	33/13 NEW ST. AMMOOR WALAJA	10th	others	no	INSECTICIDE	PYRETHROID	.	.
648363D	PRAMEELA	63	2	4-1774, B-BLOCK DURGA NAGAR (	10th	housewife	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
648376D	VENKATESAN	21	1	NETHAJI NAGAR VANIYAMBADI V.	NIL	farmer	no	INSECTICIDE	CARBAMATE	.	.
651203D	KAVITHA	19	2	NO.7/4 SUBRAMANI STREET THOI	higher secondary	unemployed	no	CORROSIVE/CHEMICAL	HYDROCARBON	.	.
651387D	JAYASHREE	27	2	NO-12, 3 RD CROSS VADIVEL NAG	postgraduate	unemployed	yes	DRUG	PARACETAMOL	DRUG	ANALGESIC(OTHER)
651488D	JOTHI LAKSHMI K	26	2	6-77 VINAYAGAPURAM PENUMOO	postgraduate	teacher	no	DRUG	ANTI-EPILEPTIC	.	.
651530D	GAYATHRI V	23	1	221 RAMASWAMY PILLAI STREET	higher secondary	housewife	no	DRUG	ORAL HYPOGLYCEMIC	.	.
658126D	LALITHA J	27	2	5 MANAKULA VINAYAGAR STREET	postgraduate	housewife	no	CORROSIVE/CHEMICAL	PHENOL/ORGANIC ACID	.	.
661067D	MANIMEGALA	16	2	26/195 P.H. COLONY ERUVARAM (	higher secondary	student	no	CORROSIVE/CHEMICAL	VASMOL DYE	.	.
661188D	AMUDHA	20	2	C M KANDIGAI SRI KAVARAJIPURA	6th	housewife	no	CORROSIVE/CHEMICAL	AMMONIUM DERIVATIVE	.	.
668971D	ARUN KUMAR	20	1	SILERI GANGANELLORE, ANAICU	9th	others	no	INSECTICIDE	ENDOSULFAN	.	.
669787D	KANNI DAS	23	1	16 WRITER ANNASWAMY STREET	graduate	others	yes	RODENTICIDE	UNKNOWN RODENTICIDE	INSECTICIDE	INSECTICIDE(UNKNOW
670427D	SENTHIL KUMAR	30	1	57 AVALKAR STREET KOSALPET '	postgraduate	unemployed	yes	DRUG	NEWER ANTIDEPRESSANT	DRUG	ANTI HYPERTENSIVE
674098D	VIJAYLAKSHMI	40	2	ASST. DIERCTOR OF HORTICULTU	unknown	housewife	no	DRUG	UNKNOWN TAB	.	.

DATA TABLES

HospNo	Name	P_Class3	PoisonCode3	P_Class4	PoisonCode4	P_Class5	PoisonCode5	Amount1	Amount2	Amount3	Amount4	Amount5	Dose1	Dose2	Dose3	Dose4	Dose5	Units	Placeofinges
049179B	SARASWATHY	.	.	.	.	.	.	6	4	.	.	.	0	100	0	0	0	.	home
055619D	BASKAR	.	.	.	.	.	.	88	.	.	.	.	0	0	0	0	0	.	home
080438C	CHITRA	.	.	.	.	.	.	4	4	.	.	.	2,000	2,500	0	0	0	.	home
104402B	PREMA KUMARI	DRUG	OPIOID	.	.	.	.	20	10	9	.	.	100	100	0	0	0	.	home
125871B	IRUCHAPPAN	DRUG	OTHER TAB	DRUG	ANTI HYPERTENSIV	.	.	30	20	20	20	.	30,000	1,500	200	1,500	0	.	home
130886B	KARTHIKA	.	.	.	.	.	.	20	.	.	.	.	0	0	0	0	0	.	home
154632D	KAVITHA	.	.	.	.	.	.	20	37	.	.	.	100	18,500	0	0	0	.	home
284442D	SHANTHI	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
301377A	REVATHY	.	.	.	.	.	.	20	.	.	.	.	5	0	0	0	0	.	home
305859D	JOTHI V	.	.	.	.	.	.	12	.	.	.	.	0	0	0	0	0	.	home
329758D	DHANAKOTTI S	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
369765A	SARAVANAN	.	.	.	.	.	.	60	.	.	.	.	1,800	0	0	0	0	.	home
378016D	KAVITHA S	.	.	.	.	.	.	20	.	.	.	.	0	0	0	0	0	.	home
611155D	JEYAKODI	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
613415D	LAKSHMI KUMAR	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
613446d	SURESH KUMAR	.	.	.	.	.	.	100	.	.	.	.	250	0	0	0	0	.	home
616309D	SANGEETHA M	.	.	.	.	.	.	50	.	.	.	.	475	0	0	0	0	.	home
616311D	SHARMILLA BANU	DRUG	BENZODIAZEPE	.	.	.	.	4	9	16	.	.	2,600	90	4	0	0	.	other
616312D	BABY RANI	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
616313D	VINO ANAND	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	other
616320D	PRAGADEESWARAN	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
620135D	REDYAPA	.	.	.	.	.	.	250	.	.	.	.	2,500	0	0	0	0	.	other
620140D	DINISHA	.	.	.	.	.	.	1	.	.	.	.	0	0	0	0	0	.	home
620141D	SHAKILA	.	.	.	.	.	.	25	.	.	.	.	625	0	0	0	0	.	home
620160D	RAGHAV KANSAL	.	.	.	.	.	.	15	.	.	.	.	7,500	0	0	0	0	.	other
620359D	PERUMAL T	.	.	.	.	.	.	15	.	.	.	.	0	0	0	0	0	.	other
620391d	MANJU JEYAKUMAR	.	.	.	.	.	.	20	.	.	.	.	200	0	0	0	0	.	other
620549D	LEELAVATHI R	.	.	.	.	.	.	50	.	.	.	.	0	0	0	0	0	.	home
620600D	SUBBALAKSHMI	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
625165D	HARI	.	.	.	.	.	.	300	.	.	.	.	0	0	0	0	0	.	other
625455D	THIRUVUNAKARASU	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
625505D	KARTHIKEYAN	.	.	.	.	.	.	15	.	.	.	.	4	0	0	0	0	.	home
625555D	MANJU SARANYA	.	.	.	.	.	.	35	.	.	.	.	56	0	0	0	0	.	home
628761D	JAYAVELU K	.	.	.	.	.	.	250	.	.	.	.	0	0	0	0	0	.	home
630010D	BASKARAN	.	.	.	.	.	.	15	.	.	.	.	375	0	0	0	0	.	other
630016D	RAVI	.	.	.	.	.	.	30	.	.	.	.	1,500	0	0	0	0	.	home
638113D	VASU	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	other
638257D	KUPPAN	.	.	.	.	.	.	100	.	.	.	.	1,000	0	0	0	0	.	other
638596D	SASIREKHA	.	.	.	.	.	.	20	.	.	.	.	2,000	0	0	0	0	.	home
640426D	MUNIYAMMAL	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
641390D	LAKSHMI D	.	.	.	.	.	.	12	.	.	.	.	3	0	0	0	0	.	home
642729D	RAMU V	.	.	.	.	.	.	10	.	.	.	.	100	0	0	0	0	.	other
645820D	ATHIYA SHAHEEN	.	.	.	.	.	.	50	.	.	.	.	0	0	0	0	0	.	home
646798D	SARAVANAN	.	.	.	.	.	.	8	.	.	.	.	600	0	0	0	0	.	home
648354D	MANIMARAN G	.	.	.	.	.	.	45	.	.	.	.	0	0	0	0	0	.	other
648363D	PRAMEELA	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
648376D	VENKATESAN	.	.	.	.	.	.	150	.	.	.	.	0	0	0	0	0	.	home
651203D	KAVITHA	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
651387D	JAYASHREE	DRUG	OTHER TAB	DRUG	.	DRUG	.	9	.	.	.	.	0	0	0	0	0	.	home
651488D	JOTHI LAKSHMI K	.	.	.	.	.	.	9	.	.	.	.	850	0	0	0	0	.	home
651530D	GAYATHRI V	.	.	.	.	.	.	20	.	.	.	.	10,000	0	0	0	0	.	home
658126D	LALITHA J	.	.	.	.	.	.	50	.	.	.	.	0	0	0	0	0	.	home
661067D	MANIMEGALA	.	.	.	.	.	.	5	.	.	.	.	0	0	0	0	0	.	home
661188D	AMUDHA	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
668971D	ARUN KUMAR	.	.	.	.	.	.	100	.	.	.	.	3,500	0	0	0	0	.	home
669787D	KANNI DAS	DRUG	ANTI-EPILEPTIC	DRUG	BENZODIAZEPENE	.	.	15	20	50	.	.	0	2,000	250	0	0	.	home
670427D	SENTHIL KUMAR	DRUG	UNKNOWN TAB	.	.	.	.	10	.	40	.	.	0	0	0	0	0	.	other
674098D	VIJAYLAKSHMI	.	.	.	.	.	.	4	.	.	.	.	0	0	0	0	0	.	home

DATA TABLES

HospNo	Name	Sourceofingestion	Coingestant	Reasonforpoisoning	Accidental	Impulsivity	Firstattempt	NoofPreviousattempts	Date_Ingestion	IngestHrs	IngMins	Date_Presentation	PresHrs	PresMns
049179B	SARASWATHY	patient already usi	WATER	chronic illness	deliberate	impulsive	first attempt	.	06-05-10	14	30	06-05-10	15	50
055619D	BASKAR	patient already usi	WATER	chronic illness	deliberate	impulsive	first attempt	.	03-02-10	10	0	03-02-10	14	30
080438C	CHITRA	home	UNKNOWN	partner conflict	deliberate	impulsive	first attempt	.	31-03-10	19	30	31-03-10	21	0
104402B	PREMA KUMARI	store/pharmacy	WATER	psychiatric illness	deliberate	pre-meditated	first attempt	.	19-04-10	22	0	19-04-10	23	20
125871B	IRUCHAPPAN	patient already usi	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	28-05-10	1	0	28-05-10	2	20
130886B	KARTHIKA	home	WATER	poor academic performance	deliberate	impulsive	first attempt	.	29-04-10	8	0	29-04-10	11	30
154632D	KAVITHA	home	WATER	psychiatric illness	deliberate	impulsive	first attempt	.	28-02-10	10	30	28-02-10	15	30
284442D	SHANTHI	home	WATER	chronic illness	deliberate	impulsive	first attempt	.	05-03-10	13	45	05-03-10	16	0
301377A	REVATHY	family member usi	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	28-04-10	4	0	28-04-10	8	40
305859D	JOTHI V	store/pharmacy	UNKNOWN	partner conflict	deliberate	impulsive	first attempt	.	07-01-10	20	0	07-01-10	23	30
329758D	DHANAKOTTI S	store/pharmacy	DIRECTLY	multiple stressors	deliberate	pre-meditated	previous attempt	1	20-01-10	2	30	20-01-10	4	50
369765A	SARAVANAN	home	WATER	unknown	deliberate	impulsive	first attempt	.	07-01-10	18	30	07-01-10	21	30
378016D	KAVITHA S	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	11-04-10	18	0	11-04-10	20	35
611155D	JEYAKODI	home	WATER	partner conflict	deliberate	impulsive	first attempt	.	01-01-10	18	0	01-01-10	22	30
613415D	LAKSHMI KUMAR	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	06-01-10	17	0	06-01-10	22	0
613446d	SURESH KUMAR	store/pharmacy	OTHER	partner conflict	deliberate	impulsive	first attempt	.	07-01-10	19	0	07-01-10	19	30
616309D	SANGEETHA M	home	DIRECTLY	partner conflict	deliberate	impulsive	first attempt	.	13-01-10	19	30	13-01-10	22	0
616311D	SHARMILLA BANU	store/pharmacy	WATER	family conflict(non partner)	deliberate	pre-meditated	first attempt	.	13-01-10	15	30	13-01-10	22	25
616312D	BABY RANI	patient already usi	WATER	chronic illness	deliberate	impulsive	first attempt	.	13-01-10	6	0	13-01-10	22	45
616313D	VINO ANAND	store/pharmacy	ALCOHOL	multiple stressors	deliberate	impulsive	first attempt	.	13-01-10	18	30	13-01-10	23	10
616320D	PRAGADEESWARAN	store/pharmacy	WATER	partner conflict	deliberate	impulsive	previous attempt	1	13-01-10	22	0	14-01-10	1	50
620135D	REDYAPA	store/pharmacy	DIRECTLY	partner conflict	deliberate	impulsive	first attempt	.	17-01-10	12	0	17-01-10	17	45
620140D	DINISHA	home	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	17-01-10	17	0	17-01-10	20	0
620141D	SHAKILA	patient already usi	WATER	chronic illness	deliberate	impulsive	first attempt	.	17-01-10	14	0	17-01-10	20	20
620160D	RAGHAV KANSAL	patient already usi	WATER	poor academic performance	deliberate	impulsive	first attempt	.	18-01-10	0	0	18-01-10	7	30
620359D	PERUMAL T	99	DIRECTLY	others	accidental	.	first attempt	.	20-01-10	11	0	20-01-10	13	25
620391d	MANJU JEYAKUMAR	family member usi	WATER	partner conflict	deliberate	impulsive	first attempt	.	20-01-10	16	0	20-01-10	17	20
620549D	LEELAVATHI R	home	DIRECTLY	multiple stressors	deliberate	impulsive	first attempt	.	24-01-10	17	0	24-01-10	18	25
620600D	SUBBALAKSHMI	home	WATER	family conflict(non partner)	deliberate	pre-meditated	first attempt	.	25-01-10	13	0	25-01-10	14	0
625165D	HARI	home	OTHER	job difficulty	deliberate	pre-meditated	first attempt	.	27-01-10	17	50	27-01-10	19	0
625455D	THIRUVUNAKARASU	store/pharmacy	OTHER	job difficulty	deliberate	impulsive	first attempt	.	30-01-10	10	30	30-01-10	23	20
625505D	KARTHIKEYAN	store/pharmacy	ALCOHOL	partner conflict	deliberate	pre-meditated	first attempt	.	01-02-10	11	30	01-02-10	16	50
625555D	MANJU SARANYA	home	DIRECTLY	partner conflict	deliberate	impulsive	first attempt	.	02-02-10	13	30	02-02-10	16	30
628761D	JAYAVELU K	home	OTHER	job difficulty	deliberate	pre-meditated	first attempt	.	30-01-10	6	0	30-01-10	23	0
630010D	BASKARAN	store/pharmacy	WATER	job difficulty	deliberate	impulsive	first attempt	.	03-02-10	13	30	03-02-10	16	10
630016D	RAVI	store/pharmacy	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	03-02-10	14	0	03-02-10	17	40
638113D	VASU	store/pharmacy	ALCOHOL	partner conflict	deliberate	impulsive	first attempt	.	11-02-10	16	0	11-02-10	20	20
638257D	KUPPAN	home	ALCOHOL	job difficulty	deliberate	impulsive	first attempt	.	18-02-10	18	30	18-02-10	22	45
638596D	SASIREKHA	home	WATER	chronic illness	deliberate	impulsive	first attempt	.	21-02-10	19	0	22-02-10	13	15
640426D	MUNIYAMMAL	home	DIRECTLY	multiple stressors	deliberate	impulsive	first attempt	.	20-02-10	5	0	20-02-10	10	25
641390D	LAKSHMI D	patient already usi	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	20-02-10	10	0	20-02-10	15	25
642729D	RAMU V	store/pharmacy	DIRECTLY	chronic illness	deliberate	.	first attempt	.	23-02-10	14	0	23-02-10	20	40
645820D	ATHIYA SHAHEEN	home	DIRECTLY	unknown	deliberate	impulsive	first attempt	.	24-02-10	18	0	24-02-10	20	30
646798D	SARAVANAN	family member usi	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	26-02-10	21	0	27-02-10	15	0
648354D	MANIMARAN G	store/pharmacy	ALCOHOL	job difficulty	deliberate	impulsive	first attempt	.	06-03-10	21	0	07-03-10	0	40
648363D	PRAMEELA	home	UNKNOWN	others	accidental	.	first attempt	.	07-03-10	1	0	07-03-10	6	0
648376D	VENKATESAN	home	WATER	job difficulty	deliberate	impulsive	first attempt	.	07-03-10	6	30	07-03-10	9	30
651203D	KAVITHA	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	07-03-10	16	30	07-03-10	18	20
651387D	JAYASHREE	home	WATER	unknown	deliberate	impulsive	first attempt	.	10-03-10	11	0	10-03-10	17	0
651488D	JOTHI LAKSHMI K	patient already usi	WATER	others	accidental	.	first attempt	.	11-03-10	20	0	12-03-10	19	0
651530D	GAYATHRI V	home	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	13-03-10	11	0	13-03-10	16	40
658126D	LALITHA J	home	DIRECTLY	others	accidental	.	first attempt	.	15-03-10	12	30	15-03-10	17	0
661067D	MANIMEGALA	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	22-03-10	21	0	23-03-10	6	45
661188D	AMUDHA	home	DIRECTLY	partner conflict	deliberate	impulsive	first attempt	.	24-03-10	21	30	24-03-10	23	40
668971D	ARUN KUMAR	home	UNKNOWN	partner conflict	.	.	first attempt	.	02-04-10	15	0	02-04-10	15	55
669787D	KANNI DAS	store/pharmacy	WATER	job difficulty	deliberate	impulsive	first attempt	.	02-04-10	21	10	06-04-10	10	0
670427D	SENTHIL KUMAR	patient already usi	WATER	job difficulty	deliberate	impulsive	first attempt	.	10-04-10	2	0	10-04-10	11	20
674098D	VIJAYLAKSHMI	patient already usi	UNKNOWN	partner conflict	deliberate	.	first attempt	.	11-04-10	9	0	11-04-10	15	0

DATA TABLES

HospNo	Name	symptom1	symptom2	symptom3	symptom4	symptom5	symptom6	symptom7	Sign1	Sign2	Sign3	Sign4	Sign5	Pulse	DiastolicBP	SystolicBP	RespiratoryRate	O2Saturation
049179B	SARASWATHY	99	.	.	.	.	.	.	99	.	.	.	.	95	70	100	22	98
055619D	BASKAR	14	2	.	.	.	.	.	1	.	.	.	.	70	70	100	20	96
080438C	CHITRA	15	.	.	.	.	.	.	99	.	.	.	.	56	70	100	24	98
104402B	PREMA KUMARI	1	.	.	.	.	.	.	99	.	.	.	.	80	100	160	24	100
125871B	IRUCHAPPAN	14	19	.	.	.	.	.	99	.	.	.	.	66	90	120	24	98
130886B	KARTHIKA	2	.	.	.	.	.	.	99	.	.	.	.	90	70	100	22	98
154632D	KAVITHA	14	5	.	.	.	.	.	2	.	.	.	.	98	70	110	22	96
284442D	SHANTHI	16	2	.	.	.	.	.	17	.	.	.	.	102	60	110	24	96
301377A	REVATHY	3	.	.	.	.	.	.	99	.	.	.	.	110	60	100	24	99
305859D	JOTHI V	3	.	.	.	.	.	.	99	.	.	.	.	84	60	90	24	99
329758D	DHANAKOTTI S	14	16	27	17	21	.	.	31	20	.	.	.	102	90	130	24	98
369765A	SARAVANAN	4	3	.	.	.	.	.	3	11	11	.	.	96	70	100	20	97
378016D	KAVITHA S	17	20	27	.	.	.	.	30	21	.	.	.	114	90	130	22	98
611155D	JEYAKODI	14	1	7	2	.	.	.	4	.	.	.	.	84	80	120	24	98
613415D	LAKSHMI KUMAR	14	27	3	.	.	.	.	32	.	.	.	.	24	70	100	24	98
613446d	SURESH KUMAR	14	.	.	.	.	.	.	4	.	.	.	.	120	100	130	24	97
616309D	SANGEETHA M	14	27	17	20	23	.	.	30	30	.	.	.	94	80	120	24	.
616311D	SHARMILLA BANU	16	3	.	.	.	.	.	18	7	.	.	.	80	70	90	.	98
616312D	BABY RANI	3	2	8	.	.	.	.	99	.	.	.	.	144	70	90	20	94
616313D	VINO ANAND	5	28	.	.	.	.	.	4	.	.	.	.	124	80	130	24	99
616320D	PRAGADEESWARAN	14	19	16	.	.	.	.	28	22	19	.	.	64	80	130	24	78
620135D	REDYAPA	14	4	.	.	.	.	.	99	.	.	.	.	124	80	130	24	98
620140D	DINISHA	17	.	.	.	.	.	.	99	.	.	.	.	124	70	90	24	98
620141D	SHAKILA	14	4	.	.	.	.	.	5	6	5	8	.	130	80	130	24	98
620160D	RAGHAV KANSAL	14	.	.	.	.	.	.	99	.	.	.	.	98	80	130	24	98
620359D	PERUMAL T	14	27	17	.	.	.	.	30	19	34	.	.	82	90	150	24	98
620391d	MANJU JEYAKUMAR	3	.	.	.	.	.	.	6	.	.	.	.	124	60	100	20	96
620549D	LEELAVATHI R	14	27	22	16	.	.	.	19	23	30	.	.	96	70	110	24	100
620600D	SUBBALAKSHMI	3	.	.	.	.	.	.	99	.	.	.	.	124	80	120	28	100
625165D	HARI	14	27	22	5	17	20	23	30	30	35	23	19	91	80	110	32	78
625455D	THIRUVUNAKARASU	4	2	5	.	.	.	.	7	.	.	.	.	124	80	104	32	96
625505D	KARTHIKEYAN	99	.	.	.	.	.	.	99	.	.	.	.	112	70	110	22	100
625555D	MANJU SARANYA	4	2	.	.	.	.	.	8	.	.	.	.	135	60	100	20	94
628761D	JAYAVELU K	14	19	27	2	.	.	.	30	.	.	.	.	80	80	120	20	98
630010D	BASKARAN	2	.	.	.	.	.	.	9	8	.	.	.	92	70	100	24	97
630016D	RAVI	14	2	15	.	.	.	.	99	.	.	.	.	112	90	130	22	94
638113D	VASU	14	.	.	.	.	.	.	99	.	.	.	.	124	80	120	20	96
638257D	KUPPAN	14	.	.	.	.	.	.	99	.	.	.	.	104	80	130	24	99
638596D	SASIREKHA	5	6	9	.	.	.	.	6	.	.	.	.	124	90	150	26	96
640426D	MUNIYAMMAL	14	.	.	.	.	.	.	99	.	.	.	.	112	70	100	24	97
641390D	LAKSHMI D	3	.	.	.	.	.	.	2	.	.	.	.	124	80	110	22	98
642729D	RAMU V	99	.	.	.	.	.	.	99	.	.	.	.	116	60	90	24	96
645820D	ATHIYA SHAHEEN	99	.	.	.	.	.	.	99	.	.	.	.	101	80	110	22	98
646798D	SARAVANAN	5	.	.	.	.	.	.	1	4	7	.	.	143	90	150	24	98
648354D	MANIMARAN G	14	.	.	.	.	.	.	99	.	.	.	.	110	80	130	24	99
648363D	PRAMEELA	17	15	21	.	.	.	.	34	.	.	.	.	72	70	110	20	97
648376D	VENKATESAN	14	.	.	.	.	.	.	99	.	.	.	.	80	80	120	15	96
651203D	KAVITHA	14	.	.	.	.	.	.	99	.	.	.	.	86	70	100	20	96
651387D	JAYASHREE	14	.	.	.	.	.	.	99	.	.	.	.	96	60	110	22	98
651488D	JOTHI LAKSHMI K	27	.	.	.	.	.	.	8	13	.	.	.	112	80	110	20	97
651530D	GAYATHRI V	99	.	.	.	.	.	.	99	.	.	.	.	112	60	90	24	97
658126D	LALITHA J	18	27	.	.	.	.	.	99	.	.	.	.	112	70	100	20	97
661067D	MANIMEGALA	27	16	10	15	2	.	.	30	.	.	.	.	84	70	100	24	97
661188D	AMUDHA	14	.	.	.	.	.	.	99	.	.	.	.	90	70	110	20	98
668971D	ARUN KUMAR	4	.	.	.	.	.	.	10	.	.	.	.	170	140	160	40	88
669787D	KANNI DAS	21	7	3	26	.	.	.	29	.	.	.	.	.	.	.	.	.
670427D	SENTHIL KUMAR	5	24	.	.	.	.	.	2	15	.	.	.	92	70	100	26	96
674098D	VIJAYLAKSHMI	5	.	.	.	.	.	.	7	.	.	.	.	108	90	130	28	96

DATA TABLES

HospNo	Name	Temperature	GRBS	GCS	PupilSize	CXRNormal	ECGNormal	ECGrate1st	PRinterval1st	@1stQTC	ECGother1st	vSodium	vPotassium	vHCO3	vCalcium	vPhosporous
049179B	SARASWATHY	98	90	15	4	1	199	.	.	.	.	148	3.8	21	.	.
055619D	BASKAR	97	109	15	4	1	1	50	174	422	.	135	3.7	21	.	.
080438C	CHITRA	98	94	15	4	1	1	50	158	384	.	137	3.9	20	.	.
104402B	PREMA KUMARI	98	95	15	4	1	1	.	.	.	.	133	3.0	18	.	.
125871B	IRUCHAPPAN	98	101	15	4	1	1	60	198	418	.	139	3.6	22	.	.
130886B	KARTHIKA	98	120	15	4	1	1	.	.	.	.	141	3.1	25	.	.
154632D	KAVITHA	98	147	15	3	1	1	100	146	408	.	135	3.0	17	.	.
284442D	SHANTHI	98	106	15	4	1	1	100	140	399	.	140	3.7	23	.	.
301377A	REVATHY	98	83	15	4	1	1	.	.	.	.	139	3.6	18	.	.
305859D	JOTHI V	.	120	15	3	1	1	80	158	445	.	138	3.9	18	.	.
329758D	DHANAKOTTI S	98	264	15	4	1	1	75	150	441	.	135	4.1	19	.	.
369765A	SARAVANAN	.	94	8	2	1	1	80	150	322	INCOMPLETE RBBB	136	3.3	23	4.2	2
378016D	KAVITHA S	98	113	15	4	1	1	.	.	.	.	144	3.5	22	.	.
611155D	JEYAKODI	98	108	15	5	1	1	100	160	428	.	142	3.2	22	.	.
613415D	LAKSHMI KUMAR	98	95	15	5	1	1	100	134	415	.	137	3.9	19	.	.
613446d	SURESH KUMAR	98	108	15	4	1	1	130	154	431	.	138	3.6	20	.	.
616309D	SANGEETHA M	99	159	15	5	1	1	110	146	441	LOW VOLTAGE QRS	141	3.6	21	4.1	.
616311D	SHARMILLA BANU	98	103	10	.	199	1	75	168	397	.	141	3.1	25	.	.
616312D	BABY RANI	.	166	15	5	1	1	.	.	.	.	140	3.7	23	.	.
616313D	VINO ANAND	98	124	6	1	1	1	.	.	.	.	137	3.3	24	.	.
616320D	PRAGADEESWARAN	98	159	15	4	2	1	150	112	480	.	137	4.9	22	.	.
620135D	REDYAPA	98	239	15	5	1	1	.	.	.	.	137	3.3	19	.	.
620140D	DINISHA	98	90	15	5	1	1	.	.	.	.	137	3.8	20	.	.
620141D	SHAKILA	98	137	14	5	1	1	120	154	406	ST DEPRESSIONS, T INVERSION	137	3.0	22	.	.
620160D	RAGHAV KANSAL	98	180	15	6	1	1	75	144	442	NON SPECIFIC ST DEPRESSION	136	3.3	15	9.6	2
620359D	PERUMAL T	98	.	15	4	1	1	87	156	412	.	132	4.4	24	.	.
620391d	MANJU JEYAKUMAR	98	98	15	5	1	199	.	.	.	.	136	3.2	22	.	.
620549D	LEELAVATHI R	98	239	15	.	1	1	80	120	409	.	138	3.4	15	.	.
620600D	SUBBALAKSHMI	98	101	15	5	1	1	80	154	408	.	143	2.8	18	.	.
625165D	HARI	98	76	13	.	1	1	.	.	.	.	135	4.0	20	.	.
625455D	THIRUVUNAKARASU	99	117	12	5	1	1	56	102	433	.	139	3.0	24	.	.
625505D	KARTHIKEYAN	99	92	15	4	1	1	.	.	.	.	139	3.2	22	.	.
625555D	MANJU SARANYA	98	.	3	3	1	1	.	.	.	.	144	5.5	8	.	.
628761D	JAYAVELU K	99	116	15	4	1	1	70	148	404	.	138	3.4	17	.	.
630010D	BASKARAN	98	109	15	6	1	1	72	154	411	.	136	3.6	21	.	.
630016D	RAVI	98	98	14	3	199	1	130	150	481	.	137	3.8	19	.	.
638113D	VASU	98	83	15	4	1	1	.	.	.	.	137	2.7	17	.	.
638257D	KUPPAN	.	109	15	4	1	1	100	88	418	.	139	3.3	22	.	.
638596D	SASIREKHA	98	132	15	4	1	2	130	144	472	.	.	.	.	.	.
640426D	MUNIYAMMAL	98	127	15	4	1	1	100	138	454	.	137	3.2	22	.	.
641390D	LAKSHMI D	98	102	15	4	1	1	100	106	412	.	137	3.8	18	.	.
642729D	RAMU V	100	101	15	6	1	1	.	.	.	.	145	3.6	24	.	.
645820D	ATHIYA SHAHEEN	98	101	15	4	1	1	100	138	466	.	137	3.9	21	.	.
646798D	SARAVANAN	104	140	.	3	1	1	130	.	409	.	140	3.9	21	.	.
648354D	MANIMARAN G	98	114	15	4	1	1	100	144	412	.	144	3.4	17	.	.
648363D	PRAMEELA	98	229	15	4	1	1	100	194	472	.	137	3.4	20	.	.
648376D	VENKATESAN	98	.	15	4	1	1	.	.	.	.	135	2.1	20	.	.
651203D	KAVITHA	98	85	15	4	1	1	.	.	.	.	140	2.6	23	.	.
651387D	JAYASHREE	98	109	15	3	1	1	75	120	430	.	139	3.5	18	.	.
651488D	JOTHI LAKSHMI K	98	.	15	4	1	1	.	.	.	.	136	3.8	23	.	.
651530D	GAYATHRI V	98	97	15	4	1	1	.	.	.	.	139	3.5	24	.	.
658126D	LALITHA J	98	100	15	5	1	1	.	.	.	.	141	3.6	19	.	.
661067D	MANIMEGALA	98	124	15	4	1	1	100	192	474	.	139	3.3	23	.	.
661188D	AMUDHA	98	94	15	4	1	1	120	140	442	.	138	3.4	20	.	.
668971D	ARUN KUMAR	98	181	3	6	1	1	.	.	.	.	154	3.6	15	.	.
669787D	KANNI DAS	.	.	.	.	1	1	.	.	.	.	132	4.8	16	8.0	3
670427D	SENTHIL KUMAR	98	120	13	2	1	1	100	168	396	.	137	3.1	22	.	.
674098D	VIJAYLAKSHMI	98	109	9	2	1	1	120	152	400	.	134	3.3	23	.	.

DATA TABLES

HospNo	Name	TotalBilirubin	directBilirubin	TotalProtein	Albumin	SGOT	SGPT	AlkalinePhosphatase	Creatinine	Urea	PriorTreatmentelsewhere	Priormethod	OutsideCentre	Admission	Duration	
049179B	SARASWATHY	.	.	.	.	.	.	.	0.6	.		1	.	home	no	0
055619D	BASKAR	.	.	.	.	.	.	.	.	.		1	199	home	no	0
080438C	CHITRA	.	.	.	.	.	.	.	0.7	.		1	.	home	no	0
104402B	PREMA KUMARI	.	.	.	.	.	.	.	0.9	.		1	.	home	no	0
125871B	IRUCHAPPAN	.	.	.	.	.	.	.	1.0	.		1	.	home	no	0
130886B	KARTHIKA	.	.	.	.	.	.	.	0.9	.		1	.	home	no	0
154632D	KAVITHA	0.5	0.2	7.9	4.5	12	14	51	0.8	.		1	7	private hosp	yes	5
284442D	SHANTHI	0.4	0.1	7.9	4.4	20	10	65	0.9	.		1	.	home	yes	1
301377A	REVATHY	.	.	.	.	.	.	.	0.9	.		1	.	home	no	0
305859D	JOTHI V	0.4	0.2	8.8	4.5	21	14	12	0.9	15		1	.	home	no	0
329758D	DHANAKOTTI S	.	.	.	.	.	.	.	1.1	.		1	.	home	yes	6
369765A	SARAVANAN	0.5	0.2	6.9	4.2	17	31	82	0.8	.		1	.	home	yes	4
378016D	KAVITHA S	.	.	.	.	.	.	.	0.8	.		2	gastric lavage	government hosp	no	0
611155D	JEYAKODI	.	.	.	.	.	.	.	0.7	.		2	5	government hosp	no	0
613415D	LAKSHMI KUMAR	.	.	.	.	.	.	.	1.1	.		1	.	home	no	0
613446d	SURESH KUMAR	.	.	.	.	.	.	.	1.0	.		1	.	home	no	0
616309D	SANGEETHA M	0.7	0.2	8.0	4.5	18	8	82	0.7	.		1	.	home	yes	4
616311D	SHARMILLA BANU	0.4	0.2	8.5	4.7	17	5	44	0.5	.		2	Forced emesis	private hosp	DAMA	1
616312D	BABY RANI	.	.	.	.	.	.	.	0.6	.		1	gastric lavage	government hosp	no	0
616313D	VINO ANAND	.	.	.	.	.	.	.	0.8	16		2	gastric lavage	government hosp	yes	2
616320D	PRAGADEESWARAN	.	.	.	.	.	.	.	1.3	19		2	gastric lavage	government hosp	yes	1
620135D	REDYAPA	7.0	0.1	8.7	5.8	57	10	80	1.1	.		2	.	government hosp	Referred	0
620140D	DINISHA	.	.	.	.	.	.	.	.	.		2	Forced emesis	government hosp	no	0
620141D	SHAKILA	.	.	.	.	.	.	.	0.9	.		2	Forced emesis	government hosp	no	0
620160D	RAGHAV KANSAL	0.6	0.2	8.6	4.8	31	18	112	0.8	22		1	.	home	yes	1
620359D	PERUMAL T	.	.	.	.	.	.	.	0.9	.		2	4	home	no	0
620391d	MANJU JEYAKUMAR	1.0	0.3	7.9	4.6	16	10	51	0.8	.		1	.	home	no	0
620549D	LEELAVATHI R	.	.	.	.	.	.	.	1.0	.		99	.	unknown	yes	5
620600D	SUBBALAKSHMI	.	.	.	.	.	.	.	0.7	.		1	.	home	no	0
625165D	HARI	0.8	0.1	9.9	4.8	29	16	128	1.0	17		1	.	home	yes	1
625455D	THIRUVUNAKARASU	.	.	.	.	.	.	.	.	.		2	5	government hosp	no	0
625505D	KARTHIKEYAN	.	.	.	.	.	.	.	0.9	.		2	4	private hosp	no	0
625555D	MANJU SARANYA	.	.	.	.	.	.	.	1.2	.		2	gastric lavage	unknown	no	0
628761D	JAYAVELU K	.	.	.	.	.	.	.	1.1	.		1	.	home	no	0
630010D	BASKARAN	.	.	.	.	.	.	.	0.8	.		2	gastric lavage	government hosp	no	0
630016D	RAVI	.	.	.	.	.	.	.	0.9	.		2	gastric lavage	home	no	0
638113D	VASU	.	.	.	.	.	.	.	1.2	43		2	Forced emesis	government hosp	no	0
638257D	KUPPAN	.	.	.	.	.	.	.	1.0	.		2	gastric lavage	private hosp	no	0
638596D	SASIREKHA	.	0.2	.	.	16	10	.	.	.		2	4	government hosp	no	0
640426D	MUNIYAMMAL	.	.	.	.	.	.	.	0.6	.		2	gastric lavage	government hosp	no	0
641390D	LAKSHMI D	.	.	.	.	.	.	.	0.7	.		1	199	home	no	0
642729D	RAMU V	.	.	.	.	.	.	.	1.2	.		1	.	home	no	0
645820D	ATHIYA SHAHEEN	.	.	.	.	.	.	.	0.7	.		1	.	home	no	0
646798D	SARAVANAN	.	.	.	.	.	.	.	0.9	.		2	gastric lavage	government hosp	yes	4
648354D	MANIMARAN G	.	.	.	.	.	.	.	0.9	.		2	5	government hosp	yes	1
648363D	PRAMEELA	.	.	.	.	.	.	.	0.9	.		2	Forced emesis	home	yes	6
648376D	VENKATESAN	.	.	.	.	.	.	.	1.0	.		1	.	home	no	0
651203D	KAVITHA	.	.	.	.	.	.	.	0.8	.		1	.	home	no	0
651387D	JAYASHREE	0.5	0.2	8.4	4.2	17	10	54	.	.		2	.	home	no	0
651488D	JOTHI LAKSHMI K	0.4	0.2	8.4	4.4	17	10	65	0.7	.		99	.	unknown	no	0
651530D	GAYATHRI V	.	.	.	.	.	.	.	0.8	.		2	gastric lavage	unknown	no	0
658126D	LALITHA J	.	.	.	.	.	.	.	0.9	.		1	.	home	no	0
661067D	MANIMEGALA	0.6	0.2	8.4	5.0	256	32	79	0.9	.		2	4	government hosp	no	5
661188D	AMUDHA	.	.	.	.	.	.	.	0.7	.		1	Forced emesis	government hosp	no	0
668971D	ARUN KUMAR	.	.	.	.	.	.	.	1.3	.		1	.	home	yes	1
669787D	KANNI DAS	8.4	3.8	6.9	4.2	608	487	76	1.8	29		2	6	private hosp	DAMA	3
670427D	SENTHIL KUMAR	.	.	.	.	.	.	.	.	.		1	.	home	no	0
674098D	VIJAYLAKSHMI	.	.	.	.	.	.	.	0.8	.		2	gastric lavage	government hosp	yes	2

DATA TABLES

HospNo	Name	icuhdu	Intubated	MethodDecontamination	CharcoalGiven	@1stcomplication	@2ndcomplications	@3rdcomplications	@4thcomplications	@5thcomplications	sbpsych	psychdiagnosis	substabuse
049179B	SARASWATHY	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
055619D	BASKAR	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	BPAD	alcohol
080438C	CHITRA	excluded	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
104402B	PREMA KUMARI	excluded	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
125871B	IRUCHAPPAN	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
130886B	KARTHIKA	excluded	no	orogastric tube	yes	Loss of consc.	.	.	.	.	NOT SEEN	excluded	none
154632D	KAVITHA	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
284442D	SHANTHI	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	unknown	none
301377A	REVATHY	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
305859D	JOTHI V	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	MARITAL DISCORD	none
329758D	DHANAKOTTI S	excluded	yes	none	yes	STOM 3A	OESO 3	Pyloric Stenosis	peritonitis	ORAL ULCER	PSYCHIATRIS1	ALCOHOL DEPENDAN(	alcohol
369765A	SARAVANAN	yes	yes	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
378016D	KAVITHA S	excluded	no	none	yes	STOM 1	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
611155D	JEYAKODI	excluded	no	orogastric tube	yes	none	.	.	.	.	NOT SEEN	excluded	none
613415D	LAKSHMI KUMAR	excluded	no	none	yes	skin reaction	.	.	.	.	PSYCHIATRIS1	NORMAL	none
613446d	SURESH KUMAR	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	DEPRESSION	alcohol
616309D	SANGEETHA M	no	no	none	yes	STOM 3A	OESO 2A	.	.	.	SOCIAL WORK	excluded	none
616311D	SHARMILLA BANU	no	no	none	yes	hypotension	.	.	.	.	SOCIAL WORK	excluded	none
616312D	BABY RANI	excluded	no	nasogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	DEPRESSION	none
616313D	VINO ANAND	no	yes	orogastric tube	yes	respiratory failure	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	alcohol
616320D	PRAGADEESWARAN	no	no	none	yes	metabolic acidosis	.	.	.	.	NOT SEEN	excluded	none
620135D	REDYAPA	excluded	no	orogastric tube	yes	seizures	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
620140D	DINISHA	excluded	no	others	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
620141D	SHAKILA	excluded	no	orogastric tube	yes	seizures	delirium	.	.	.	PSYCHIATRIS1	NORMAL	none
620160D	RAGHAV KANSAL	no	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
620359D	PERUMAL T	excluded	no	others	yes	OESO 2A	ORAL ULCER	.	.	.	SOCIAL WORK	excluded	none
620391d	MANJU JEYAKUMAR	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
620549D	LEELAVATHI R	no	no	none	no	DUODENUM	Pyloric Stenosis	.	.	.	SOCIAL WORK	excluded	none
620600D	SUBBALAKSHMI	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
625165D	HARI	yes	yes	none	yes	respiratory failure	.	.	.	.	SOCIAL WORK	excluded	alcohol
625455D	THIRUVUNAKARASU	excluded	no	none	yes	delirium	.	.	.	.	SOCIAL WORK	excluded	alcohol
625505D	KARTHIKEYAN	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	DYSTHYMIA	none
625555D	MANJU SARANYA	excluded	no	orogastric tube	yes	seizures	metabolic acidosis	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
628761D	JAYAVELU K	excluded	no	none	yes	ORAL ULCER	.	.	.	.	SOCIAL WORK	excluded	alcohol
630010D	BASKARAN	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
630016D	RAVI	excluded	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
638113D	VASU	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
638257D	KUPPAN	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	multiple
638596D	SASIREKHA	excluded	no	none	no	delirium	.	.	.	.	PSYCHIATRIS1	BPAD	none
640426D	MUNIYAMMAL	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	excluded
641390D	LAKSHMI D	excluded	no	none	yes	unknown	.	.	.	.	unknown	unknown	unknown
642729D	RAMU V	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
645820D	ATHIYA SHAHEEN	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
646798D	SARAVANAN	no	no	none	yes	aspiration pneumonia	delirium	.	.	.	unknown	unknown	none
648354D	MANIMARAN G	no	no	none	yes	none	.	.	.	.	unknown	unknown	none
648363D	PRAMEELA	no	no	none	yes	OESO 2A	OESO 2A	.	.	.	SOCIAL WORK	excluded	none
648376D	VENKATESAN	excluded	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
651203D	KAVITHA	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
651387D	JAYASHREE	excluded	no	orogastric tube	yes	none	cerebellar dysf.	.	.	.	SOCIAL WORK	excluded	none
651488D	JOTHI LAKSHMI K	excluded	no	none	no	unknown	cerebellar dysf.	.	.	.	SOCIAL WORK	BPAD	none
651530D	GAYATHRI V	excluded	no	none	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
658126D	LALITHA J	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	NORMAL	none
661067D	MANIMEGALA	excluded	no	none	no	rhabdomyolysis	.	.	.	.	PSYCHIATRIS1	ADJUSTMENT DISORD	none
661188D	AMUDHA	excluded	no	orogastric tube	no	none	.	.	.	.	SOCIAL WORK	excluded	none
668971D	ARUN KUMAR	yes	no	none	yes	death	.	.	.	.	unknown	unknown	unknown
669787D	KANNI DAS	no	no	none	yes	hepatitis	coagulopathy	.	.	.	PSYCHIATRIS1	DYSTHYMIA	none
670427D	SENTHIL KUMAR	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIS1	DEPRESSION	none
674098D	VIJAYLAKSHMI	no	no	none	yes	delirium	.	.	.	.	PSYCHIATRIS1	DEPRESSION	none

DATA TABLES

HospNo	Name	treatpsych	cSodium	cPotassium	cHCO3	cCalcium	cPhosphorous	electrolytes	cTotalBilirubin	cdirectBilirubin	cTotalProtein	cAlbumin	cSGOT	cSGPT	cAlkalinePhosphatase	cLFT
049179B	SARASWATHY	excluded	2.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
055619D	BASKAR	referral	1.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
080438C	CHITRA	unknown	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
104402B	PREMA KUMARI	unknown	1.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
125871B	IRUCHAPPAN	referral	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
130886B	KARTHIKA	excluded	0.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
154632D	KAVITHA	none	1.00	1.00	1.00	.	.	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
284442D	SHANTHI	unknown	0.00	0.00	0.00	.	.	.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
301377A	REVATHY	excluded	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
305859D	JOTHI V	referral	0.00	0.00	1.00	.	.	1.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00
329758D	DHANAKOTTI S	referral	1.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
369765A	SARAVANAN	unknown	0.00	1.00	0.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
378016D	KAVITHA S	referral	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
611155D	JEYAKODI	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
613415D	LAKSHMI KUMAR	referral	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
613446d	SURESH KUMAR	only pharmacological	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
616309D	SANGEETHA M	excluded	0.00	0.00	1.00	1.00	.	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
616311D	SHARMILLA BANU	excluded	0.00	1.00	0.00	.	.	1.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00
616312D	BABY RANI	referral	0.00	0.00	0.00	.	.	.	.	.	.	.	.	.	.	.
616313D	VINO ANAND	referral	0.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
616320D	PRAGADEESWARAN	none	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
620135D	REDYAPA	referral	0.00	1.00	1.00	.	.	1.00	2.00	0.00	2.00	2.00	2.00	0.00	0.00	1.00
620140D	DINISHA	none	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
620141D	SHAKILA	none	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
620160D	RAGHAV KANSAL	none	0.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00
620359D	PERUMAL T	excluded	1.00	0.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
620391d	MANJU JEYAKUMAR	excluded	0.00	1.00	1.00	1.00	.	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
620549D	LEELAVATHI R	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
620600D	SUBBALAKSHMI	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
625165D	HARI	excluded	1.00	0.00	1.00	.	.	1.00	0.00	0.00	2.00	0.00	0.00	0.00	2.00	1.00
625455D	THIRUVUNAKARASU	excluded	0.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
625505D	KARTHIKEYAN	only pharmacological	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
625555D	MANJU SARANYA	referral	0.00	2.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
628761D	JAYAVELU K	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
630010D	BASKARAN	referral	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
630016D	RAVI	unknown	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
638113D	VASU	none	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
638257D	KUPPAN	referral	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
638596D	SASIREKHA	referral	.	.	.	.	.	.	.	0.00	.	.	0.00	0.00	.	.
640426D	MUNIYAMMAL	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
641390D	LAKSHMI D	unknown	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
642729D	RAMU V	referral	2.00	0.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
645820D	ATHIYA SHAHEEN	none	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
646798D	SARAVANAN	unknown	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
648354D	MANIMARAN G	unknown	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
648363D	PRAMEELA	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
648376D	VENKATESAN	unknown	1.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
651203D	KAVITHA	excluded	0.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
651387D	JAYASHREE	excluded	0.00	1.00	1.00	.	.	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
651488D	JOTHI LAKSHMI K	excluded	0.00	0.00	0.00	.	.	.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
651530D	GAYATHRI V	excluded	0.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.
658126D	LALITHA J	referral	0.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
661067D	MANIMEGALA	referral	0.00	1.00	0.00	.	.	1.00	0.00	0.00	0.00	2.00	2.00	0.00	0.00	1.00
661188D	AMUDHA	excluded	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
668971D	ARUN KUMAR	unknown	2.00	0.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
669787D	KANNI DAS	referral	1.00	0.00	1.00	1.00	0.00	1.00	2.00	2.00	0.00	0.00	2.00	2.00	0.00	1.00
670427D	SENTHIL KUMAR	referral	0.00	1.00	1.00	.	.	1.00	.	.	.	.	.	.	.	.
674098D	VIJAYLAKSHMI	referral	1.00	1.00	0.00	.	.	1.00	.	.	.	.	.	.	.	.

DATA TABLES

HospNo	Name	cCreatinine	cUrea	cRFT	xfemale	timetopresentation	pos_ghq	pos_ghq_rev	Rural	GHQ_abov_3	yClass
049179B	SARASWATHY	0.00	.	.	1.00	1.33	0.00	6.00	urban	no	prescription drug
055619D	BASKAR	.	.	.	0.00	4.50	6.00	4.00	urban	yes	prescription drug
080438C	CHITRA	0.00	.	.	1.00	1.50	1.00	5.00	urban	no	prescription drug
104402B	PREMA KUMARI	0.00	.	.	1.00	1.33	10.00	4.00	rural	yes	prescription drug
125871B	IRUCHAPPAN	0.00	.	.	0.00	1.33	5.00	1.00	.	yes	prescription drug
130886B	KARTHIKA	0.00	.	.	1.00	3.50	9.00	5.00	urban	yes	pesticide
154632D	KAVITHA	0.00	.	.	1.00	5.00	0.00	6.00	rural	no	prescription drug
284442D	SHANTHI	0.00	.	.	1.00	2.25	.	.	urban	.	prescription drug
301377A	REVATHY	0.00	.	.	1.00	4.67	8.00	6.00	.	yes	prescription drug
305859D	JOTHI V	0.00	0.00	0.00	0.00	3.50	.	.	rural	.	prescription drug
329758D	DHANAKOTTI S	0.00	.	.	1.00	2.33	0.00	6.00	.	no	corrosive/chemical
369765A	SARAVANAN	0.00	.	.	0.00	3.00	.	.	rural	.	prescription drug
378016D	KAVITHA S	0.00	.	.	1.00	2.58	3.00	9.00	rural	no	corrosive/chemical
611155D	JEYAKODI	0.00	.	.	1.00	4.50	.	.	.	.	pesticide
613415D	LAKSHMI KUMAR	0.00	.	.	0.00	5.00	.	.	urban	.	prescription drug
613446d	SURESH KUMAR	0.00	.	.	0.00	0.50	.	.	rural	.	pesticide
616309D	SANGEETHA M	0.00	.	.	1.00	2.50	.	.	.	.	corrosive/chemical
616311D	SHARMILLA BANU	0.00	.	.	1.00	6.92	.	.	rural	.	prescription drug
616312D	BABY RANI	0.00	.	.	1.00	16.75	.	.	urban	.	prescription drug
616313D	VINO ANAND	0.00	0.00	0.00	0.00	4.67	9.00	5.00	rural	yes	pesticide
616320D	PRAGADEESWARAN	0.00	0.00	0.00	0.00	3.83	.	.	rural	.	corrosive/chemical
620135D	REDYAPA	0.00	.	.	0.00	5.75	3.00	7.00	rural	no	pesticide
620140D	DINISHA	.	.	.	1.00	3.00	10.00	4.00	rural	yes	corrosive/chemical
620141D	SHAKILA	0.00	.	.	1.00	6.33	3.00	7.00	urban	no	prescription drug
620160D	RAGHAV KANSAL	0.00	0.00	0.00	0.00	7.50	7.00	5.00	rural	yes	prescription drug
620359D	PERUMAL T	0.00	.	.	0.00	2.42	0.00	6.00	.	no	corrosive/chemical
620391d	MANJU JEYAKUMAR	0.00	.	.	1.00	1.33	2.00	8.00	urban	no	prescription drug
620549D	LEELAVATHI R	0.00	.	.	1.00	1.42	.	.	urban	.	corrosive/chemical
620600D	SUBBALAKSHMI	0.00	.	.	1.00	1.00	9.00	3.00	urban	yes	prescription drug
625165D	HARI	0.00	0.00	0.00	0.00	1.17	.	.	rural	.	corrosive/chemical
625455D	THIRUVUNAKARASU	.	.	.	0.00	12.83	3.00	7.00	urban	no	pesticide
625505D	KARTHIKEYAN	0.00	.	.	0.00	5.33	10.00	4.00	rural	yes	prescription drug
625555D	MANJU SARANYA	0.00	.	.	1.00	3.00	8.00	6.00	rural	yes	pesticide
628761D	JAYAVELU K	0.00	.	.	0.00	17.00	11.00	5.00	rural	yes	corrosive/chemical
630010D	BASKARAN	0.00	.	.	0.00	2.67	1.00	5.00	rural	no	prescription drug
630016D	RAVI	0.00	.	.	0.00	3.67	3.00	5.00	.	no	prescription drug
638113D	VASU	0.00	2.00	2.00	0.00	4.33	0.00	6.00	rural	no	pesticide
638257D	KUPPAN	0.00	.	.	0.00	4.25	0.00	6.00	rural	no	pesticide
638596D	SASIREKHA	.	.	.	1.00	18.25	.	.	rural	.	prescription drug
640426D	MUNIYAMMAL	0.00	.	.	1.00	5.42	2.00	5.00	rural	no	pesticide
641390D	LAKSHMI D	0.00	.	.	0.00	5.42	7.00	11.00	rural	yes	prescription drug
642729D	RAMU V	0.00	.	.	0.00	6.67	.	.	urban	.	pesticide
645820D	ATHIYA SHAHEEN	0.00	.	.	1.00	2.50	3.00	3.00	.	no	pesticide
646798D	SARAVANAN	0.00	.	.	0.00	18.00	.	.	rural	.	prescription drug
648354D	MANIMARAN G	0.00	.	.	0.00	3.67	1.00	7.00	.	no	pesticide
648363D	PRAMEELA	0.00	.	.	1.00	5.00	.	.	urban	.	corrosive/chemical
648376D	VENKATESAN	0.00	.	.	0.00	3.00	10.00	6.00	urban	yes	pesticide
651203D	KAVITHA	0.00	.	.	1.00	1.83	0.00	6.00	urban	no	corrosive/chemical
651387D	JAYASHREE	.	.	.	1.00	6.00	3.00	7.00	.	no	prescription drug
651488D	JOTHI LAKSHMI K	0.00	.	.	1.00	23.00	.	.	urban	.	prescription drug
651530D	GAYATHRI V	0.00	.	.	0.00	5.67	0.00	6.00	urban	no	prescription drug
658126D	LALITHA J	0.00	.	.	1.00	4.50	.	.	.	.	corrosive/chemical
661067D	MANIMEGALA	0.00	.	.	1.00	9.75	.	.	rural	.	corrosive/chemical
661188D	AMUDHA	0.00	.	.	1.00	2.17	.	.	rural	.	corrosive/chemical
668971D	ARUN KUMAR	0.00	.	.	0.00	0.92	.	.	rural	.	pesticide
669787D	KANNI DAS	2.00	0.00	2.00	0.00	84.83	6.00	2.00	rural	yes	pesticide
670427D	SENTHIL KUMAR	.	.	.	0.00	9.33	6.00	8.00	urban	yes	prescription drug
674098D	VIJAYLAKSHMI	0.00	.	.	1.00	6.00	.	.	.	.	prescription drug

DATA TABLES

HospNo	Name	Age	Sex	Address	Education	Occupation	multiplepoisons	P_Class1	PoisonCode1	P_Class2	PoisonCode2
674114D	BHARATI	37	2	126, M.C. R COLONY TIRUPATHI T	graduate	teacher	no	DRUG	ANTI HYPERTENSIVE	.	.
674344D	DURGA N	31	2	ANBOONDI POIGAI VELLORE TA	6th	housewife	no	INSECTICIDE	FERTILISER	.	.
674348D	TAMILARASAN	26	1	KOTTAI ST, KAVERIPAKKAM KAVE	higher secondary	mason	no	RODENTICIDE	PHOSPHOROUS	.	.
674379D	BALAJI R	38	1	20 V.O.C. NAGAR SATHUVACHARI	6th	driver	no	INSECTICIDE	ORGANOCHLORIDE(OTHER)	.	.
674388D	SELVARAJ	45	1	PILLAYAR KOIL ST CHINNAKALLUI	higher secondary	others	no	DRUG	BENZODIAZEPENE	.	.
674507D	THENMOZHI	19	2	SERLAPALLI PERNAMPET GUDIY/	higher secondary	student	no	NON INGESTED	ANALGESIC(OTHER)	.	.
676108D	DEEPA	27	2	49-A,V.T.K.NAGAR KATPADI VELLI	7th	housewife	no	DRUG	PARACETAMOL	.	.
678045D	Janani S	20	2	118-2,PUDUKUDIYAN SATRAM ST.,	higher secondary	housewife	no	DRUG	NEWER ANTIDEPRESSANT	.	.
680037D	RAJASEKAR	26	1	PERUMAL KOIL STREET KARIGIRI	higher secondary	driver	no	INSECTICIDE	PYRETHROID	.	.
680054D	HABEEBA	56	2	3 KASAI ABDUL KARIM ST R N PAL	NIL	housewife	yes	DRUG	PHENOTHIAZIENE	DRUG	PHENOTHIAZIENE
680069D	RAMYA M	22	2	53 FIRST CROSS BHARATHI NAGA	postgraduate	student	no	CORROSIVE/CHEMICAL	AMMONIUM DERIVATIVE	.	.
680350D	TENNIS R	22	1	47, AROKIYAMADHA STREET CHE	NIL	mason	no	INSECTICIDE	ENDOSULFAN	.	.
686124D	SEETHA T	22	2	1/98 MELPATTI STREET KARIGIRI	6th	housewife	no	CORROSIVE/CHEMICAL	HYDROCARBON	.	.
686361D	AFREEN	23	2	72/9,KASIM KUMANDAN STREET S	10th	housewife	no	DRUG	ANTIPSYCHOTIC	.	.
686484D	PRIYA M	19	2	MANTHOPPU MEDU EDAYAMPATT	graduate	housewife	no	CORROSIVE/CHEMICAL	PHENOL/ORGANIC ACID	.	.
686507D	VENNILA	21	2	46, MUPPANAR NAGAR EDAYANS/	10th	housewife	no	DRUG	PARACETAMOL	.	.
686572d	KHADEEJA BANU P.	19	2	70, MADEENA NAGAR VIRUTHAMF	10th	unemployed	no	DRUG	PHENOTHIAZIENE	.	.
68817D	INDRA KUMARI	20	2	ANNA NAGAR IRUNAMPATTU VAI	10th	unemployed	no	INSECTICIDE	PYRETHROID	.	.
688487D	NITHYAVANI	20	1	NO 75 NVN STREET WINTERPET ,	graduate	others	no	DRUG	PARACETAMOL	.	.
688744D	NITHIYA A	19	2	PV.PURAM NELLAGONDA PURLAY	10th	housewife	no	CORROSIVE/CHEMICAL	PHENOL/ORGANIC ACID	.	.
689833D	REVATHI P	26	2	MELPATTI STREET KARIGIRI PAR/	higher secondary	unemployed	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
693243D	SUMITHRA	18	2	RAMESH HOUSE KILARASAM PET	higher secondary	student	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
693326D	SATHIYA E.	17	2	94,CHURCH ST., PONNAI KATPAD	graduate	unemployed	no	DRUG	ORAL HYPOGLYCEMIC	.	.
693452D	KAVIPRIYA R	18	2	38, THENDRAL NAGAR VENGIKKAI	higher secondary	student	no	DRUG	ANTI-EPILEPTIC	.	.
693537D	GOWRI	19	2	516,MANICKA NAICKER ST. VIRUT	higher secondary	housewife	yes	DRUG	UNKNOWN TAB	DRUG	UNKNOWN TAB
69669D	THENMOZHI	18	2	9/15 PERUMALKUPPAM VELLORE	NIL	unemployed	no	INSECTICIDE	PYRETHROID	.	.
701124D	ELUMALAI V	35	1	108B,VADAKU KOTTAI SE.AGARAM	<5th	driver	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
701430D	ARUL MOZHI	38	1	ACHUTHA KOVIL STREET KANNAN	graduate	farmer	no	DRUG	BENZODIAZEPENE	.	.
701479D	REKHA S	25	2	232 THIPPAI MEDU MUNJURPET \	6th	housewife	no	DRUG	UNKNOWN TAB	.	.
701578D	CHANDRA R	29	2	24/64 DIVERSION ROAD POLUR P	10th	housewife	yes	DRUG	ANTIPSYCHOTIC	DRUG	NEWER ANTIDEPRESS
701586D	GUNASEKAR B	39	1	V.O.C NAGAR WALAJAH WALAJAI	8th	others	no	DRUG	ANTI-EPILEPTIC	.	.
708141D	KAMATCHI	29	2	101, RAMAR KOIL STREET, PERUM	10th	housewife	no	DRUG	NEWER ANTIDEPRESSANT	.	.
708153D	KOKILA	26	2	13/4,ENGINEER SUSBRAYAN STRE	graduate	housewife	no	DRUG	PARACETAMOL	.	.
708221D	M. SARASWATHY	16	2	VADUVANTHANGAL, K.V.KUPPAM	10th	student	no	CORROSIVE/CHEMICAL	VASMOL DYE	.	.
709781D	AMUDHA S	28	2	1/3, PULIYANTHANGAL RANIPET \	7th	housewife	no	OTHER	FUNGICIDE	.	.
712495D	SASI KUMAR. M	30	1	REDDY VALSAI NACHIYAR KUPPA	NIL	others	no	INSECTICIDE	ENDOSULFAN	.	.
718142D	RAMESH	27	1	40, GANDHI NAGAR KANSALPET \	diploma	MISSING	yes	INSECTICIDE	PYRETHROID	INSECTICIDE	PYRETHROID
719137D	KUMARAGURUBARA	28	1	NO.13/25 BAJANAI KOIL STREET P	graduate	others	no	CORROSIVE/CHEMICAL	INORGANIC ACID	.	.
719152D	UMA V.	16	2	N S K NAGAR 6TH STREET NELLO	10th	student	no	INSECTICIDE	UNKNOWN RODENTICIDE	.	.
719179D	JAYALAKSHMI	35	2	THAIYUR SR PURAM MANDAL CHI	6th	housewife	no	DRUG	UNKNOWN TAB	.	.
719260D	SRINIVASULU.G	21	1	PALAMNER, CHITTOOR	10th	labourer	no	INSECTICIDE	PYRETHROID	.	.
719292D	CHINNA SWAMY .J	29	1	ARUNAPATHY KRISHNAGIRI TAMI	6th	mason	no	INSECTICIDE	INSECTICIDE(UNKNOWN)	.	.
720225A	DEVASAGAYAM.K	41	1	1.MUNICIPAL COLONY, KAGITHAP	higher secondary	CMCemployee	no	CORROSIVE/CHEMICAL	PHENOL/ORGANIC ACID	.	.
724141d	MOHAMMED TANVE	33	1	25 OLD POST OFFICE STREET ME	6th	unemployed	no	DRUG	PARACETAMOL	.	.
766194A	GNANASEKARAN	56	1	2/208 BAGAYAM VELLORE	higher secondary	CMCemployee	no	DRUG	PHENOTHIAZIENE	.	.
777397C	VIDYA R	24	2	NO 4, ATTUVARTHANGAL KORNAI	unknown	housewife	yes	DRUG	ANTIHISTAMINE	DRUG	ANTIHISTAMINE
799694C	GNANARAJ	33	1	SIVARAJ VILLAGE VIRUTHAMPET	10th	labourer	no	DRUG	PHENOTHIAZIENE	.	.
837246B	BHAVANI	15	2	2/14 VASANTHAPURAM, ,ARUMUG/	10th	unemployed	no	DRUG	PARACETAMOL	.	.
860491B	VAIJAYANTHI MALA	32	2	D27,PHASE III, HOUSING BOARD \	NIL	housewife	no	DRUG	ANTI-EPILEPTIC	.	.
877061A	JEGAN	19	1	3/21 EAST STREET, KONAVATTAM	higher secondary	MISSING	yes	DRUG	OPIOID	DRUG	PARACETAMOL
950143A	PARAMESWARI	23	2	10/12,CHUNNAMBUKKARA STREET	unknown	housewife	no	DRUG	UNKNOWN TAB	.	.

DATA TABLES

HospNo	Name	P_Class3	PoisonCode3	P_Class4	PoisonCode4	P_Class5	PoisonCode5	Amount1	Amount2	Amount3	Amount4	Amount5	Dose1	Dose2	Dose3	Dose4	Dose5	Units	Placeofinges
674114D	BHARATI	.	.	.	.	.	.	30	.	.	.	.	300	0	0	0	0	.	home
674344D	DURGA N	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	home
674348D	TAMILARASAN	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	other
674379D	BALAJI R	.	.	.	.	.	.	20	.	.	.	.	0	0	0	0	0	.	other
674388D	SELVARAJ	.	.	.	.	.	.	7	.	.	.	.	4	0	0	0	0	.	home
674507D	THENMOZHI	.	.	.	.	.	.	2	.	.	.	.	50	0	0	0	0	.	home
676108D	DEEPA	.	.	.	.	.	.	10	.	.	.	.	5,000	0	0	0	0	.	home
678045D	Janani S	.	.	.	.	.	.	30	.	.	.	.	750	0	0	0	0	.	home
680037D	RAJASEKAR	.	.	.	.	.	.	10	.	.	.	.	500	0	0	0	0	.	other
680054D	HABEEBA	.	.	.	.	.	.	10	10	.	.	.	750	500	0	0	0	.	home
680069D	RAMYA M	.	.	.	.	.	.	200	.	.	.	.	760	0	0	0	0	.	home
680350D	TENNIS R	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
686124D	SEETHA T	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
686361D	AFREEN	.	.	.	.	.	.	10	.	.	.	.	100	0	0	0	0	.	home
686484D	PRIYA M	.	.	.	.	.	.	50	.	.	.	.	0	0	0	0	0	.	home
686507D	VENNILA	.	.	.	.	.	.	18	.	.	.	.	9,000	0	0	0	0	.	home
686572d	KHADEEJA BANU P.	.	.	.	.	.	.	15	.	.	.	.	375	0	0	0	0	.	home
68817D	INDRA KUMARI	.	.	.	.	.	.	10	.	.	.	.	16	0	0	0	0	.	home
688487D	NITHYAVANI	.	.	.	.	.	.	15	.	.	.	.	7,500	0	0	0	0	.	home
688744D	NITHIYA A	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
689833D	REVATHI P	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
693243D	SUMITHRA	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
693326D	SATHIYA E.	.	.	.	.	.	.	15	.	.	.	.	7,500	0	0	0	0	.	home
693452D	KAVIPRIYA R	.	.	.	.	.	.	20	.	.	.	.	4,000	0	0	0	0	.	home
693537D	GOWRI	DRUG	UNKNOWN TAB	.	.	.	.	100	100	100	.	.	0	0	0	0	0	.	home
69669D	THENMOZHI	.	.	.	.	.	.	1	.	.	.	.	5	0	0	0	0	.	home
701124D	ELUMALAI V	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
701430D	ARUL MOZHI	.	.	.	.	.	.	20	.	.	.	.	5	0	0	0	0	.	home
701479D	REKHA S	.	.	.	.	.	.	10	.	.	.	.	250	0	0	0	0	.	home
701578D	CHANDRA R	.	.	.	.	.	.	40	4	.	.	.	4,000	60	0	0	0	.	home
701586D	GUNASEKAR B	.	.	.	.	.	.	100	.	.	.	.	10,000	0	0	0	0	.	home
708141D	KAMATCHI	.	.	.	.	.	.	40	.	.	.	.	2,000	0	0	0	0	.	home
708153D	KOKILA	.	.	.	.	.	.	7	.	.	.	.	3,500	0	0	0	0	.	home
708221D	M. SARASWATHY	.	.	.	.	.	.	50	.	.	.	.	0	0	0	0	0	.	home
709781D	AMUDHA S	.	.	.	.	.	.	10	.	.	.	.	0	0	0	0	0	.	home
712495D	SASI KUMAR. M	.	.	.	.	.	.	150	.	.	.	.	1,500	0	0	0	0	.	home
718142D	RAMESH	.	.	.	.	.	.	50	50	.	.	.	1	7	0	0	0	.	home
719137D	KUMARAGURUBARA	.	.	.	.	.	.	150	.	.	.	.	0	0	0	0	0	.	home
719152D	UMA V.	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	other
719179D	JAYALAKSHMI	.	.	.	.	.	.	20	.	.	.	.	0	0	0	0	0	.	99
719260D	SRINIVASULU.G	.	.	.	.	.	.	20	.	.	.	.	0	0	0	0	0	.	home
719292D	CHINNA SWAMY .J	.	.	.	.	.	.	100	.	.	.	.	0	0	0	0	0	.	other
720225A	DEVASAGAYAM.K	.	.	.	.	.	.	.	.	.	.	.	0	0	0	0	0	.	home
724141d	MOHAMMED TANVE	.	.	.	.	.	.	15	.	.	.	.	7,500	0	0	0	0	.	home
766194A	GNANASEKARAN	.	.	.	.	.	.	11	.	.	.	.	275	0	0	0	0	.	home
777397C	VIDYA R	.	.	.	.	.	.	40	10	.	.	.	400	250	0	0	0	.	home
799694C	GNANARAJ	.	.	.	.	.	.	80	.	.	.	.	2,000	0	0	0	0	.	home
837246B	BHAVANI	.	.	.	.	.	.	15	.	.	.	.	7,500	0	0	0	0	.	home
860491B	VAIJAYANTHI MALA	.	.	.	.	.	.	40	.	.	.	.	16,000	0	0	0	0	.	home
877061A	JEGAN	.	UNKNOWN TAB	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	home
950143A	PARAMESWARI	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	home

DATA TABLES

HospNo	Name	Sourceofingestion	Coingestant	Reasonforpoisoning	Accidental	Impulsivity	Firstattempt	NoofPreviousattempts	Date_Ingestion	IngestHrs	IngMins	Date_Presentation	PresHrs	PresMns
674114D	BHARATI	patient already usi	WATER	partner conflict	deliberate	impulsive	first attempt	.	11-04-10	9	0	11-04-10	17	0
674344D	DURGA N	home	DIRECTLY	others	deliberate	pre-meditated	first attempt	.	16-04-10	17	0	16-04-10	18	55
674348D	TAMILARASAN	store/pharmacy	ALCOHOL	family conflict(non partner)	deliberate	impulsive	first attempt	.	15-04-10	14	0	15-04-10	21	0
674379D	BALAJI R	store/pharmacy	WATER	others	deliberate	impulsive	first attempt	.	16-04-10	14	30	16-04-10	16	45
674388D	SELVARAJ	patient already usi	WATER	others	deliberate	impulsive	first attempt	.	16-04-10	14	0	16-04-10	21	45
674507D	THENMOZHI	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	16-04-10	23	0	17-04-10	2	40
676108D	DEEPA	store/pharmacy	WATER	.	deliberate	impulsive	first attempt	.	12-04-10	18	30	12-04-10	21	40
678045D	Janani S	family member us	WATER	partner conflict	deliberate	impulsive	first attempt	.	15-04-10	21	0	16-04-10	1	30
680037D	RAJASEKAR	store/pharmacy	ALCOHOL	others	deliberate	impulsive	first attempt	.	19-04-10	14	0	19-04-10	16	15
680054D	HABEEBA	patient already usi	WATER	psychiatric illness	deliberate	pre-meditated	first attempt	.	19-04-10	13	30	19-04-10	22	10
680069D	RAMYA M	home	DIRECTLY	partner conflict	deliberate	.	first attempt	.	20-04-10	0	30	20-04-10	7	0
680350D	TENNIS R	store/pharmacy	DIRECTLY	family conflict(non partner)	deliberate	pre-meditated	first attempt	.	26-04-10	8	0	26-04-10	13	45
686124D	SEETHA T	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	28-04-10	11	0	28-04-10	12	20
686361D	AFREEN	patient already usi	WATER	unknown	deliberate	impulsive	first attempt	.	07-05-10	10	0	07-05-10	14	45
686484D	PRIYA M	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	03-05-10	13	0	03-05-10	15	0
686507D	VENNILA	patient already usi	WATER	psychiatric illness	deliberate	impulsive	first attempt	.	03-05-10	14	0	03-05-10	20	30
686572d	KHADEEJA BANU P.	family member us	WATER	multiple stressors	deliberate	impulsive	first attempt	.	04-05-10	19	0	04-05-10	23	0
68817D	INDRA KUMARI	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	01-05-10	7	30	01-05-10	10	30
688487D	NITHYAVANI	home	WATER	psychiatric illness	deliberate	pre-meditated	previous attempt	1	01-05-10	0	0	01-05-10	9	55
688744D	NITHIYA A	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	01-05-10	7	45	01-05-10	10	0
689833D	REVATHI P	home	UNKNOWN	family conflict(non partner)	deliberate	impulsive	first attempt	.	05-05-10	10	0	05-05-10	11	15
693243D	SUMITHRA	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	11-05-10	5	0	11-05-10	8	45
693326D	SATHIYA E.	home	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	12-05-10	19	0	12-05-10	20	25
693452D	KAVIPRIYA R	patient already usi	WATER	poor academic performance	deliberate	impulsive	first attempt	.	14-05-10	10	30	15-05-10	0	25
693537D	GOWRI	family member us	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	16-05-10	7	45	16-05-10	10	0
69669D	THENMOZHI	home	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	04-04-10	13	0	04-04-10	15	50
701124D	ELUMALAI V	99	ALCOHOL	others	deliberate	.	first attempt	.	18-05-10	12	0	18-05-10	19	20
701430D	ARUL MOZHI	store/pharmacy	ALCOHOL	job difficulty	deliberate	impulsive	first attempt	.	24-05-10	22	0	25-05-10	0	10
701479D	REKHA S	patient already usi	WATER	psychiatric illness	deliberate	.	first attempt	.	25-05-10	16	0	25-05-10	22	0
701578D	CHANDRA R	patient already usi	WATER	partner conflict	deliberate	impulsive	first attempt	.	23-05-10	23	30	24-05-10	2	30
701586D	GUNASEKAR B	patient already usi	DIRECTLY	partner conflict	deliberate	impulsive	first attempt	.	24-05-10	1	0	24-05-10	7	0
708141D	KAMATCHI	patient already usi	WATER	family conflict(non partner)	deliberate	pre-meditated	first attempt	.	28-05-10	6	45	28-05-10	7	35
708153D	KOKILA	home	WATER	partner conflict	deliberate	impulsive	first attempt	.	29-05-10	11	0	29-05-10	12	30
708221D	M. SARASWATHY	family member us	UNKNOWN	poor academic performance	deliberate	impulsive	first attempt	.	28-05-10	21	0	30-05-10	13	0
709781D	AMUDHA S	home	WATER	unknown	deliberate	impulsive	first attempt	.	02-06-10	19	0	02-06-10	22	0
712495D	SASI KUMAR. M	store/pharmacy	WATER	others	deliberate	impulsive	first attempt	.	14-06-10	19	0	15-06-10	3	20
718142D	RAMESH	home	UNKNOWN	family conflict(non partner)	deliberate	impulsive	first attempt	.	16-06-10	10	30	16-06-10	11	0
719137D	KUMARAGURUBARA	home	DIRECTLY	family conflict(non partner)	deliberate	impulsive	first attempt	.	19-06-10	6	30	19-06-10	7	30
719152D	UMA V.	store/pharmacy	UNKNOWN	poor academic performance	deliberate	.	first attempt	.	19-06-10	9	0	19-06-10	11	30
719179D	JAYALAKSHMI	99	UNKNOWN	unknown	.	.	first attempt	.	20-06-10	14	30	20-06-10	19	0
719260D	SRINIVASULU.G	home	ALCOHOL	family conflict(non partner)	deliberate	impulsive	first attempt	.	20-06-10	21	0	21-06-10	6	45
719292D	CHINNA SWAMY .J	store/pharmacy	UNKNOWN	job difficulty	deliberate	pre-meditated	first attempt	.	21-06-10	11	0	21-06-10	20	35
720225A	DEVASAGAYAM.K	home	UNKNOWN	psychiatric illness	deliberate	.	previous attempt	1	08-03-10	9	0	08-03-10	17	0
724141d	MOHAMMED TANVE	home	ALCOHOL	family conflict(non partner)	deliberate	impulsive	first attempt	.	27-06-10	22	0	27-06-10	17	0
766194A	GNANASEKARAN	patient already usi	WATER	chronic illness	deliberate	.	first attempt	.	16-04-10	20	0	16-04-10	21	0
777397C	VIDYA R	family member us	WATER	partner conflict	deliberate	impulsive	first attempt	.	22-01-10	12	0	22-01-10	12	30
799694C	GNANARAJ	patient already usi	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	17-06-10	10	30	17-06-10	14	25
837246B	BHAVANI	home	WATER	family conflict(non partner)	deliberate	impulsive	first attempt	.	24-06-10	8	0	24-06-10	11	15
860491B	VAIJAYANTHI MALA	patient already usi	UNKNOWN	psychiatric illness	accidental	.	previous attempt	.	06-04-10	9	30	06-04-10	14	30
877061A	JEGAN	family member us	WATER	others	deliberate	impulsive	first attempt	.	03-01-10	0	0	03-01-10	8	0
950143A	PARAMESWARI	family member us	WATER	chronic illness	deliberate	pre-meditated	first attempt	.	14-03-10	11	0	14-03-10	15	30

DATA TABLES

HospNo	Name	symptom1	symptom2	symptom3	symptom4	symptom5	symptom6	symptom7	Sign1	Sign2	Sign3	Sign4	Sign5	Pulse	DiastolicBP	SystolicBP	RespiratoryRate	O2Saturation
674114D	BHARATI	99	.	.	.	.	.	.	27	.	.	.	.	80	.	80	22	96
674344D	DURGA N	16	5	.	.	.	.	.	99	.	.	.	.	90	70	100	24	98
674348D	TAMILARASAN	3	.	.	.	.	.	.	17	.	.	.	.	99	70	110	24	99
674379D	BALAJI R	15	.	.	.	.	.	.	99	.	.	.	.	122	90	160	20	98
674388D	SELVARAJ	8	.	.	.	.	.	.	2	.	.	.	.	86	100	130	20	97
674507D	THENMOZHI	8	.	.	.	.	.	.	99	.	.	.	.	.	.	.	.	.
676108D	DEEPA	14	.	.	.	.	.	.	99	.	.	.	.	86	70	100	22	97
678045D	Janani S	5	12	6	.	.	.	.	14	27	.	.	.	120	60	90	20	98
680037D	RAJASEKAR	3	.	.	.	.	.	.	99	.	.	.	.	108	90	130	24	96
680054D	HABEEBA	3	.	.	.	.	.	.	9	.	.	.	.	100	70	120	28	98
680069D	RAMYA M	22	21	.	.	.	.	.	24	.	.	.	.	135	70	100	.	88
680350D	TENNIS R	4	5	.	.	.	.	.	10	.	.	.	.	122	50	100	22	83
686124D	SEETHA T	99	.	.	.	.	.	.	99	.	.	.	.	96	70	110	22	95
686361D	AFREEN	5	.	.	.	.	.	.	15	.	.	.	.	98	70	130	24	95
686484D	PRIYA M	3	.	.	.	.	.	.	99	.	.	.	.	92	60	100	20	97
686507D	VENNILA	14	.	.	.	.	.	.	99	.	.	.	.	102	80	120	24	96
686572d	KHADEEJA BANU P.	5	3	.	.	.	.	.	15	.	.	.	.	152	90	150	28	100
68817D	INDRA KUMARI	4	.	.	.	.	.	.	2	.	.	.	.	124	70	110	28	88
688487D	NITHYAVANI	3	.	.	.	.	.	.	99	.	.	.	.	96	90	130	20	99
688744D	NITHIYA A	17	20	.	.	.	.	.	99	.	.	.	.	92	70	110	20	99
689833D	REVATHI P	14	19	27	.	.	.	.	99	.	.	.	.	130	70	110	30	98
693243D	SUMITHRA	14	16	.	.	.	.	.	99	.	.	.	.	104	60	120	28	96
693326D	SATHIYA E.	3	.	.	.	.	.	.	99	.	.	.	.	80	70	110	24	100
693452D	KAVIPRIYA R	11	2	.	.	.	.	.	8	13	13	6	.	112	70	110	24	96
693537D	GOWRI	2	.	.	.	.	.	.	99	.	.	.	.	152	60	150	22	97
69669D	THENMOZHI	99	.	.	.	.	.	.	99	.	.	.	.	116	90	130	24	96
701124D	ELUMALAI V	14	5	22	3	.	.	.	25	.	.	.	.	92	90	130	22	85
701430D	ARUL MOZHI	3	.	.	.	.	.	.	2	.	.	.	.	102	90	120	24	97
701479D	REKHA S	5	.	.	.	.	.	.	7	.	.	.	.	100	80	110	20	96
701578D	CHANDRA R	14	.	.	.	.	.	.	99	.	.	.	.	80	70	100	.	96
701586D	GUNASEKAR B	16	7	2	.	.	.	.	8	.	.	.	.	68	90	120	24	97
708141D	KAMATCHI	15	2	.	.	.	.	.	99	.	.	.	.	88	70	120	24	96
708153D	KOKILA	99	.	.	.	.	.	.	99	.	.	.	.	90	70	110	24	99
708221D	M. SARASWATHY	22	29	.	.	.	.	.	19	.	.	.	.	97	70	130	26	97
709781D	AMUDHA S	8	.	.	.	.	.	.	30	4	.	.	.	104	80	110	26	98
712495D	SASI KUMAR. M	4	5	.	.	.	.	.	14	14	.	.	.	128	80	130	30	100
718142D	RAMESH	5	17	.	.	.	.	.	2	.	.	.	.	102	90	110	26	100
719137D	KUMARAGURUBARA	14	17	20	21	.	.	.	30	24	35	34	19	64	90	120	30	98
719152D	UMA V.	14	21	.	.	.	.	.	99	.	.	.	.	156	80	120	48	95
719179D	JAYALAKSHMI	14	3	5	.	.	.	.	2	.	.	.	.	110	110	140	32	96
719260D	SRINIVASULU.G	3	.	.	.	.	.	.	2	.	.	.	.	88	60	100	28	96
719292D	CHINNA SWAMY .J	5	.	.	.	.	.	.	2	.	.	.	.	92	60	90	22	97
720225A	DEVASAGAYAM.K	8	13	.	.	.	.	.	16	.	.	.	.	.	.	.	.	.
724141d	MOHAMMED TANVE	99	.	.	.	.	.	.	99	.	.	.	.	90	80	120	22	97
766194A	GNANASEKARAN	3	.	.	.	.	.	.	99	.	.	.	.	120	90	130	32	96
777397C	VIDYA R	2	25	.	.	.	.	.	6	.	.	.	.	88	100	120	24	100
799694C	GNANARAJ	8	.	.	.	.	.	.	99	.	.	.	.	.	.	.	.	80
837246B	BHAVANI	14	2	.	.	.	.	.	99	.	.	.	.	102	60	100	26	100
860491B	VAIJAYANTHI MALA	8	30	.	.	.	.	.	7	7	.	.	.	102	70	110	30	100
877061A	JEGAN	27	3	.	.	.	.	.	99	.	.	.	.	88	70	120	24	96
950143A	PARAMESWARI	5	.	.	.	.	.	.	7	.	.	.	.	130	80	130	24	99

DATA TABLES

HospNo	Name	Temperature	GRBS	GCS	PupilSize	CXRNormal	ECGNormal	ECGrate1st	PRinterval1st	@1stQTC	ECGother1st	vSodium	vPotassium	vHCO3	vCalcium	vPhosporous
674114D	BHARATI	98	.	15	4	1	1	.	.	.	.	141	3.6	20	.	.
674344D	DURGA N	98	98	12	4	1	1	80	144	370	407	140	3.2	20	.	.
674348D	TAMILARASAN	98	84	15	4	1	1	.	.	.	.	141	3.6	22	.	.
674379D	BALAJI R	98	126	15	3	1	1	80	144	415	.	137	3.1	18	8.9	1
674388D	SELVARAJ	98	145	.	3	1	1	80	132	436	.	138	4.0	22	.	.
674507D	THENMOZHI	.	.	.	.	1	1	.	.	.	.	141	3.7	21	.	.
676108D	DEEPA	98	226	15	4	1	1	.	146	402	.	137	4.0	13	8.6	.
678045D	Janani S	98	132	15	3	1	1	130	188	398	.	141	3.5	17	.	.
680037D	RAJASEKAR	98	86	.	4	1	1	.	.	.	.	139	3.3	18	.	.
680054D	HABEEBA	98	164	14	2	1	2	100	194	444	.	141	3.7	22	.	.
680069D	RAMYA M	.	177	.	.	2	2	100	124	538	.	.	.	.	.	.
680350D	TENNIS R	98	111	6	2	1	1	.	.	.	.	135	3.1	21	.	.
686124D	SEETHA T	98	81	15	4	2	1	.	.	.	.	144	3.2	14	.	.
686361D	AFREEN	98	89	14	4	1	1	100	88	397	.	156	4.2	18	.	.
686484D	PRIYA M	.	101	14	4	1	1	.	.	.	.	140	3.3	16	.	.
686507D	VENNILA	98	101	15	3	1	1	.	100	490	.	.	.	.	.	.
686572d	KHADEEJA BANU P.	98	116	10	3	1	2	120	150	406	.	139	3.2	22	.	.
68817D	INDRA KUMARI	98	169	9	6	1	1	.	.	.	.	141	3.2	15	.	.
688487D	NITHYAVANI	98	105	15	4	1	1	.	.	.	.	144	3.9	18	.	.
688744D	NITHIYA A	98	91	15	4	1	1	80	124	425	.	138	3.2	18	.	.
689833D	REVATHI P	98	108	15	4	1	1	100	126	442	.	147	4.2	17	.	.
693243D	SUMITHRA	98	128	15	4	1	1	150	102	402	.	137	2.7	18	.	.
693326D	SATHIYA E.	98	121	15	.	1	1	.	.	.	.	139	3.4	21	.	.
693452D	KAVIPRIYA R	98	138	14	4	1	1	.	.	.	.	140	4.0	17	.	.
693537D	GOWRI	.	174	15	.	2	1	.	.	.	.	137	3.7	13	.	.
69669D	THENMOZHI	98	81	15	4	1	1	100	150	397	.	142	3.6	21	.	.
701124D	ELUMALAI V	98	101	8	4	1	1	80	122	427	.	142	3.2	24	.	.
701430D	ARUL MOZHI	98	117	15	6	1	1	140	114	429	.	141	3.7	19	.	.
701479D	REKHA S	.	.	6	6	1	1	110	190	.	.	134	4.6	21	.	.
701578D	CHANDRA R	98	96	15	.	1	1	90	194	560	.	138	3.2	20	.	.
701586D	GUNASEKAR B	98	112	15	4	1	1	100	140	419	.	139	4.0	22	.	.
708141D	KAMATCHI	98	190	15	3	1	1	.	156	462	.	136	3.3	23	.	.
708153D	KOKILA	98	131	15	4	1	1	.	.	.	.	142	3.5	21	.	.
708221D	M. SARASWATHY	98	189	15	5	1	1	100	108	424	.	141	4.1	22	7.7	3
709781D	AMUDHA S	98	137	3	2	199	1	90	142	400	.	139	3.8	21	.	.
712495D	SASI KUMAR. M	98	198	10	4	1	1	100	160	418	.	145	4.6	13	.	.
718142D	RAMESH	98	113	15	4	1	1	96	108	412	.	140	3.2	.	.	.
719137D	KUMARAGURUBARA	.	.	14	3	1	1	.	.	.	.	139	3.9	17	.	.
719152D	UMA V.	101	.	15	.	1	1	150	114	420	.	138	4.0	10	.	.
719179D	JAYALAKSHMI	98	116	10	4	1	1	80	118	448	.	138	3.0	26	.	.
719260D	SRINIVASULU.G	99	120	15	4	1	1	80	130	404	.	142	3.2	21	.	.
719292D	CHINNA SWAMY .J	98	.	8	4	1	1	.	.	.	.	146	3.6	22	.	.
720225A	DEVASAGAYAM.K	.	.	.	1	2	1	.	.	.	.	137	5.1	10	.	.
724141d	MOHAMMED TANVE	98	.	15	4	1	1	60	153	384	.	135	3.4	16	8.3	7
766194A	GNANASEKARAN	98	222	14	.	2	1	110	138	429	.	135	3.6	24	.	.
777397C	VIDYA R	98	.	15	5	1	1	88	138	433	.	135	3.5	21	.	.
799694C	GNANARAJ	.	.	.	.	1	1	.	.	.	.	138	3.5	22	.	.
837246B	BHAVANI	98	.	15	.	1	1	100	116	481	.	142	3.8	21	.	.
860491B	VAIJAYANTHI MALA	98	152	3	4	1	1	.	.	.	.	138	3.6	19	.	.
877061A	JEGAN	98	82	15	3	1	2	60	138	407	SINUS BRADYCARDIA	141	3.7	21	.	.
950143A	PARAMESWARI	98	126	8	2	1	1	.	.	.	.	142	3.5	19	.	.

DATA TABLES

HospNo	Name	TotalBilirubin	directBilirubin	TotalProtein	Albumin	SGOT	SGPT	AlkalinePhosphatase	Creatinine	Urea	PriorTreatmentelsewhere	Priormethod	OutsideCentre	Admission	Duration
674114D	BHARATI	.	.	.	.	.	.	.	1.1	.	2	gastric lavage	government hosp	yes	1
674344D	DURGA N	.	.	.	.	.	.	.	0.9	.	1	.	home	no	0
674348D	TAMILARASAN	0.7	0.2	7.4	4.4	19	8	55	1.0	.	2	gastric lavage	government hosp	no	0
674379D	BALAJI R	.	.	.	.	.	.	.	1.0	31	1	.	home	no	0
674388D	SELVARAJ	1.7	0.4	7.3	4.5	19	16	97	1.0	.	2	gastric lavage	government hosp	no	0
674507D	THENMOZHI	0.4	0.2	7.6	4.4	17	5	78	0.9	.	1	.	home	no	0
676108D	DEEPA	0.6	0.2	8.0	5.0	22	12	36	0.8	.	1	.	home	no	0
678045D	Janani S	.	.	.	.	.	.	.	0.9	.	1	.	home	no	0
680037D	RAJASEKAR	.	.	.	.	.	.	.	1.1	.	1	.	home	no	0
680054D	HABEEBA	.	.	.	.	.	.	.	1.1	.	2	.	home	no	0
680069D	RAMYA M	.	.	.	.	.	.	.	1.3	.	2	gastric lavage	government hosp	yes	41
680350D	TENNIS R	0.6	0.2	6.8	3.9	46	12	62	1.4	.	2	5	private hosp	yes	6
686124D	SEETHA T	.	.	.	.	.	.	.	0.8	.	1	.	home	no	0
686361D	AFREEN	.	.	.	.	.	.	.	0.8	26	2	.	private hosp	no	0
686484D	PRIYA M	.	.	.	.	.	.	.	0.9	.	2	.	private hosp	no	0
686507D	VENNILA	1.7	0.4	9.2	5.0	18	6	65	.	.	1	.	home	no	0
686572d	KHADEEJA BANU P.	.	.	.	.	.	.	.	1.0	.	1	.	home	yes	2
68817D	INDRA KUMARI	0.5	0.2	8.0	4.5	31	15	48	0.9	.	2	gastric lavage	government hosp	no	0
688487D	NITHYAVANI	0.4	0.2	7.8	4.9	13	5	83	0.9	.	2	gastric lavage	government hosp	no	0
688744D	NITHIYA A	0.4	0.2	8.2	4.7	41	15	48	0.8	.	2	4	private hosp	no	0
689833D	REVATHI P	.	.	.	.	.	.	.	1.2	.	2	199	private hosp	no	0
693243D	SUMITHRA	.	.	.	.	.	.	.	0.8	18	99	.	unknown	yes	13
693326D	SATHIYA E.	.	.	.	.	.	.	.	0.8	.	1	.	home	no	0
693452D	KAVIPRIYA R	.	.	.	.	.	.	.	0.9	.	1	.	home	no	0
693537D	GOWRI	.	.	.	.	.	.	.	0.9	.	1	.	home	no	0
69669D	THENMOZHI	.	.	.	.	.	.	.	0.8	.	2	gastric lavage	home	no	0
701124D	ELUMALAI V	.	.	.	.	.	.	.	0.9	18	2	gastric lavage	government hosp	yes	1
701430D	ARUL MOZHI	.	.	.	.	.	.	.	1.2	.	2	gastric lavage	government hosp	no	0
701479D	REKHA S	.	.	.	.	.	.	.	0.7	.	2	gastric lavage	private hosp	no	0
701578D	CHANDRA R	0.5	0.1	6.7	3.9	15	10	39	0.9	.	2	.	home	no	0
701586D	GUNASEKAR B	.	.	.	.	.	.	.	1.2	.	2	gastric lavage	private hosp	no	0
708141D	KAMATCHI	0.4	0.1	8.1	4.9	28	28	56	0.9	.	1	.	home	no	0
708153D	KOKILA	.	.	.	.	.	.	.	0.9	28	1	.	home	no	0
708221D	M. SARASWATHY	0.6	0.2	7.7	4.0	3,259	523	63	0.8	22	2	gastric lavage	government hosp	yes	9
709781D	AMUDHA S	.	.	.	.	.	.	.	0.8	.	2	gastric lavage	private hosp	no	0
712495D	SASI KUMAR. M	0.5	0.2	8.4	5.0	43	19	122	1.6	.	2	gastric lavage	unknown	yes	4
718142D	RAMESH	.	.	.	.	.	.	.	1.2	16	1	.	home	no	0
719137D	KUMARAGURUBARA	0.6	0.2	8.0	4.3	200	130	68	1.1	.	1	.	home	yes	11
719152D	UMA V.	0.9	0.2	8.6	4.5	1,779	1,460	118	1.5	32	2	5	government hosp	yes	4
719179D	JAYALAKSHMI	0.8	0.2	8.4	4.7	28	23	75	0.9	.	2	5	government hosp	no	0
719260D	SRINIVASULU.G	.	.	.	.	.	.	.	1.2	.	2	5	government hosp	no	2
719292D	CHINNA SWAMY .J	0.6	0.1	7.7	4.6	29	20	81	1.2	22	2	Forced emesis	government hosp	no	0
720225A	DEVASAGAYAM.K	0.9	0.7	5.5	3.1	175	31	61	1.5	24	1	.	home	yes	35
724141d	MOHAMMED TANVE	0.7	0.2	7.9	4.6	13	10	65	1.0	.	2	gastric lavage	unknown	no	0
766194A	GNANASEKARAN	.	.	.	.	.	.	.	0.9	.	1	.	home	yes	3
777397C	VIDYA R	0.5	0.2	8.1	4.4	14	12	168	0.8	.	1	.	home	no	0
799694C	GNANARAJ	0.6	0.1	7.0	4.0	28	15	37	1.0	.	2	.	private hosp	yes	5
837246B	BHAVANI	.	.	.	.	.	.	.	0.8	.	1	.	home	no	0
860491B	VAIJAYANTHI MALA	.	.	.	.	.	.	.	0.9	.	1	.	home	yes	3
877061A	JEGAN	1.0	0.2	7.2	4.5	25	16	75	0.9	.	1	.	home	no	0
950143A	PARAMESWARI	0.4	0.1	6.8	4.0	15	10	28	1.2	.	1	.	home	yes	4

DATA TABLES

HospNo	Name	icuhdu	Intubated	MethodDecontamination	CharcoalGiven	@1stcomplication	@2ndcomplications	@3rdcomplications	@4thcomplications	@5thcomplications	sbpsych	psychdiagnosis	substabuse
674114D	BHARATI	no	no	others	yes	hypotension	.	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
674344D	DURGA N	excluded	no	orogastric tube	yes	seizures	.	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
674348D	TAMILARASAN	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
674379D	BALAJI R	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
674388D	SELVARAJ	excluded	no	none	yes	none	.	.	.	.	NOT SEEN	excluded	none
674507D	THENMOZHI	excluded	no	none	yes	Loss of consc.	.	.	.	.	SOCIAL WORK	excluded	none
676108D	DEEPA	excluded	no	none	yes	none	.	.	.	.	PSYCHIATRIST	NORMAL	none
678045D	Janani S	excluded	no	orogastric tube	yes	arrythmia	hypotension	Loss of consc.	.	.	PSYCHIATRIST	NORMAL	none
680037D	RAJASEKAR	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	NORMAL	alcohol
680054D	HABEEBA	excluded	no	nasogastric tube	yes	Loss of consc.	.	.	.	.	PSYCHIATRIST	DEPRESSION	none
680069D	RAMYA M	yes	yes	none	yes	aspiration pneumonia	Deep Vein Th.	peritonitis	.	.	PSYCHIATRIST	excluded	none
680350D	TENNIS R	yes	yes	orogastric tube	yes	seizures	respiratory failure	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
686124D	SEETHA T	excluded	no	none	no	none	.	.	.	.	SOCIAL WORK	excluded	none
686361D	AFREEN	excluded	no	orogastric tube	no	none	.	.	.	.	SOCIAL WORK	excluded	none
686484D	PRIYA M	no	no	none	yes	OESO 2A	.	.	.	.	NOT SEEN	excluded	none
686507D	VENNILA	excluded	no	none	yes	none	.	.	.	.	NOT SEEN	excluded	none
686572d	KHADEEJA BANU P.	excluded	yes	orogastric tube	yes	Loss of consc.	.	.	.	.	PSYCHIATRIST	PERSONALITY DISORD	none
68817D	INDRA KUMARI	excluded	yes	orogastric tube	yes	respiratory failure	seizures	.	.	.	SOCIAL WORK	excluded	none
688487D	NITHYAVANI	excluded	no	none	yes	unknown	.	.	.	.	unknown	unknown	unknown
688744D	NITHIYA A	excluded	no	none	no	STOM 1	OESO 1	.	.	.	NOT SEEN	excluded	none
689833D	REVATHI P	excluded	no	orogastric tube	yes	none	.	.	.	.	NOT SEEN	excluded	none
693243D	SUMITHRA	yes	no	none	no	STOM 3A	OESO 3	FEED JUJENOSTOM	.	.	NOT SEEN	excluded	none
693326D	SATHIYA E.	excluded	no	orogastric tube	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
693452D	KAVIPRIYA R	excluded	no	orogastric tube	yes	cerebellar dysf.	.	.	.	.	NOT SEEN	excluded	none
693537D	GOWRI	excluded	no	orogastric tube	yes	none	.	.	.	.	NOT SEEN	excluded	none
69669D	THENMOZHI	excluded	no	none	yes	none	.	.	.	.	SOCIAL WORK	excluded	none
701124D	ELUMALAI V	yes	no	none	no	unknown	.	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
701430D	ARUL MOZHI	excluded	no	none	yes	none	.	.	.	.	NOT SEEN	excluded	alcohol
701479D	REKHA S	excluded	no	none	yes	delirium	.	.	.	.	PSYCHIATRIST	ADJUSTMENT DISORD	none
701578D	CHANDRA R	excluded	no	none	yes	arrythmia	hypotension	delirium	.	.	PSYCHIATRIST	PERSONALITY DISORD	none
701586D	GUNASEKAR B	excluded	no	none	no	cerebellar dysf.	.	.	.	.	PSYCHIATRIST	MENTAL RETARD	none
708141D	KAMATCHI	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	NORMAL	none
708153D	KOKILA	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	MARITAL DISCORD	none
708221D	M. SARASWATHY	excluded	no	none	yes	aspiration pneumonia	rhabdomyolysis	ORAL ULCER	.	.	PSYCHIATRIST	unknown	none
709781D	AMUDHA S	excluded	no	nasogastric tube	yes	Loss of consc.	.	.	.	.	SOCIAL WORK	excluded	none
712495D	SASI KUMAR. M	yes	no	none	yes	seizures	fracture	.	.	.	PSYCHIATRIST	unknown	none
718142D	RAMESH	excluded	no	none	yes	unknown	.	.	.	.	unknown	unknown	unknown
719137D	KUMARAGURUBARA	excluded	no	none	yes	STOM 3A	OESO 2A	.	.	.	PSYCHIATRIST	SCHIZOPHRENIA	none
719152D	UMA V.	yes	no	none	yes	death	.	.	.	.	unknown	unknown	unknown
719179D	JAYALAKSHMI	excluded	no	nasogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
719260D	SRINIVASULU.G	no	no	none	no	none	.	.	.	.	PSYCHIATRIST	PERSONALITY DISORD	none
719292D	CHINNA SWAMY .J	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	DEPRESSION	alcohol
720225A	DEVASAGAYAM.K	yes	yes	orogastric tube	no	unknown	.	.	.	.	unknown	unknown	unknown
724141d	MOHAMMED TANVE	excluded	no	orogastric tube	no	none	.	.	.	.	NOT SEEN	excluded	none
766194A	GNANASEKARAN	no	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
777397C	VIDYA R	excluded	no	orogastric tube	yes	none	.	.	.	.	PSYCHIATRIST	MARITAL DISCORD	none
799694C	GNANARAJ	yes	yes	orogastric tube	yes	respiratory failure	Loss of consc.	.	.	.	PSYCHIATRIST	unknown	alcohol
837246B	BHAVANI	excluded	no	orogastric tube	yes	unknown	.	.	.	.	unknown	unknown	unknown
860491B	VAIJAYANTHI MALA	yes	yes	orogastric tube	yes	aspiration pneumonia	respiratory failure	Loss of consc.	seizures	.	PSYCHIATRIST	unknown	none
877061A	JEGAN	excluded	no	none	yes	unknown	.	.	.	.	unknown	unknown	unknown
950143A	PARAMESWARI	yes	yes	orogastric tube	yes	respiratory failure	Loss of consc.	.	.	.	PSYCHIATRIST	DYSTHYMIA	none

Individual Poisons

	BENZODIAZEPENE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	5		34.60	8.473	24	45
Sex						
male	4	4.3%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	3	3.8%				
graduate	2	2.5%				
Occupation						
others	1	1.1%				
housewife	2	2.3%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	5	5.5%				
other	0	0.0%				
Source of poison						
domestically available	3	3.4%				
purchased from store	2	2.2%				
Coingested vehicle						
None	0	0.0%				
Alcohol	2	2.5%				
others	3	3.7%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	3	3.4%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	5	5.4%				
accidental	0	0.0%				
Impulsiveness						
impulsive	4	4.3%				
premeditated	1	1.1%				
Pulse	5		106.80	14.043	86	124
Diastolic BP	5		80.00	15.811	60	100
Systolic BP	5		114.00	11.402	100	130
Respiratory Rate	5		22.40	1.673	20	24
O2 Saturation	5		98.20	1.304	97	100
Temperature	5		98.12	.268	98	99
GRBS	5		107.80	24.325	83	145
GCS <15	0	0.0%				
vSodium	5		138.80	1.483	137	141
vPotassium	5		3.660	.2966	3.2	4.0
vHCO3	5		19.80	2.049	18	22
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		1.700	.	1.7	1.7
direct Bilirubin	1		.400	.	.4	.4
Total Protein	1		7.300	.	7.3	7.3
Albumin	1		4.500	.	4.5	4.5
SGOT	1		19.00	.	19	19
SGPT	1		16.00	.	16	16
Alkaline Phosphatase	1		97.00	.	97	97
Creatinine	5		.940	.1817	.7	1.2
Urea	0					

	BENZODIAZEPENE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	3	6.3%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	3	3.5%				
Admitted						
no	5	5.4%				
yes	0	0.0%				
Intubated						
no	5	5.4%				
yes	0	0.0%				
Intensive care required						
no	5	5.4%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	3	3.3%				
yes	2	2.2%				
Any complication or death						
no	4	4.9%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	1	2.4%				
History of substance abuse						
no	3	3.8%				
yes	1	1.3%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*SEDATION*	*3*				
	UNCONSCIOUSNESS	*1*				
Signs	*DROWSY*	*3*				
Complications						

	HYPNOTIC(OTHER)					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		25.00	4.243	22	28
Sex						
male	2	2.2%				
female	0	0.0%				
Education						
mid-school and below						
high school						
graduate						
Occupation						
others	0	0.0%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	1	1.1%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	2		90.00	8.485	84	96
Diastolic BP	2		65.00	7.071	60	70
Systolic BP	2		95.00	7.071	90	100
Respiratory Rate	2		22.00	2.828	20	24
O2 Saturation	2		98.00	1.414	97	99
Temperature	0					
GRBS	2		107.00	18.385	94	120
GCS <15	1	1.2%				
vSodium	2		137.00	1.414	136	138
vPotassium	2		3.600	.4243	3.3	3.9
vHCO3	2		20.50	3.536	18	23
vCalcium	1		4.200	.	4.2	4.2
vPhosporous	1		2.00	.	2	2
Total Bilirubin	2		.450	.0707	.4	.5
direct Bilirubin	2		.200	.0000	.2	.2
Total Protein	2		7.850	1.3435	6.9	8.8
Albumin	2		4.350	.2121	4.2	4.5
SGOT	2		19.00	2.828	17	21
SGPT	2		22.50	12.021	14	31
Alkaline Phosphatase	2		47.00	49.497	12	82
Creatinine	2		.850	.0707	.8	.9
Urea	1		15.00	.	15	15

	HYPNOTIC(OTHER)					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	0	0.0%				
Admitted						
no	1	1.1%				
yes	1	1.1%				
Intubated						
no	1	1.1%				
yes	1	1.1%				
Intensive care required						
no	1	1.1%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	2	2.2%				
Any complication or death						
no	1	1.2%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*SEDATION*	*1*				
	SEIZURES	*1*				
Signs	*MUSCLE_WEAKNESS*	*1*				
Complications						

Individual Poisons

	PARACETAMOL					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	7		22.86	6.149	15	33
Sex						
male	4	4.3%				
female	3	3.3%				
Education						
mid-school and below	2	2.5%				
high school	3	3.8%				
graduate	2	2.5%				
Occupation						
others	4	4.5%				
housewife	3	3.4%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	6	6.6%				
other	1	1.1%				
Source of poison						
domestically available	6	6.7%				
purchased from store	1	1.1%				
Coingested vehicle						
None	0	0.0%				
Alcohol	1	1.2%				
others	6	7.4%				
Reason for ingestion						
others	3	3.4%				
inter-personal conflict	3	3.4%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	7	7.6%				
accidental	0	0.0%				
Impulsiveness						
impulsive	6	6.5%				
premeditated	1	1.1%				
Pulse	7		94.86	6.309	86	102
Diastolic BP	7		75.71	9.759	60	90
Systolic BP	7		115.71	12.724	100	130
Respiratory Rate	7		23.14	1.952	20	26
O2 Saturation	7		98.00	1.414	96	100
Temperature	7		98.00	.000	98	98
GRBS	5		148.60	53.510	101	226
GCS <15	0	0.0%				
vSodium	6		139.33	3.777	135	144
vPotassium	6		3.650	.2881	3.3	4.0
vHCO3	6		17.33	3.266	13	21
vCalcium	3		8.833	.6807	8.3	9.6
vPhosporous	2		4.15	3.606	2	7
Total Bilirubin	5		.800	.5148	.4	1.7
direct Bilirubin	5		.240	.0894	.2	.4
Total Protein	5		8.300	.5916	7.8	9.2
Albumin	5		4.860	.1673	4.6	5.0
SGOT	5		19.40	7.503	13	31
SGPT	5		10.20	5.215	5	18
Alkaline Phosphatase	5		72.20	27.905	36	112
Creatinine	6		.867	.0816	.8	1.0
Urea	2		25.00	4.243	22	28

	PARACETAMOL					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	5	5.9%				
First aid at outside hospital						
no	5	5.9%				
yes	1	1.2%				
Admitted						
no	6	6.5%				
yes	1	1.1%				
Intubated						
no	7	7.6%				
yes	0	0.0%				
Intensive care required						
no	7	7.6%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	4	4.3%				
yes	3	3.3%				
Any complication or death						
no	5	6.2%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil	2	4.9%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	5	6.3%				
yes	0	0.0%				
Need for further psych care						
no	1	2.3%				
yes	2	4.7%				
Symptoms	*GIDDINESS*	*1*				
	SEDATION	*1*				
	VOMITING	*4*				
Signs						
Complications						

Individual Poisons

	ANALGESIC(OTHER)					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		19.00	.	19	19
Sex						
male	0	0.0%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	1	1.3%				
graduate	0	0.0%				
Occupation						
others	1	1.1%				
housewife	0	0.0%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	1	1.1%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	0	0.0%				
Coingested vehicle						
None	1	1.2%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	0					
Diastolic BP	0					
Systolic BP	0					
Respiratory Rate	0					
O2 Saturation	0					
Temperature	0					
GRBS	0					
GCS <15						
vSodium	1		141.00	.	141	141
vPotassium	1		3.700	.	3.7	3.7
vHCO3	1		21.00	.	21	21
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.400	.	.4	.4
direct Bilirubin	1		.200	.	.2	.2
Total Protein	1		7.600	.	7.6	7.6
Albumin	1		4.400	.	4.4	4.4
SGOT	1		17.00	.	17	17
SGPT	1		5.00	.	5	5
Alkaline Phosphatase	1		78.00	.	78	78
Creatinine	1		.900	.	.9	.9
Urea	0					

	ANALGESIC(OTHER)					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	0	0.0%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	0	0.0%				
Any complication or death						
no	0	0.0%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*UNCONSCIOUSNESS*	*1*				
Signs						
Complications	*Deep_Vein_Thrombosis*	*1*				

Individual Poisons

	ANTI-EPILEPTIC					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	4		28.75	8.921	18	39
Sex						
male	1	1.1%				
female	3	3.3%				
Education						
mid-school and below	2	2.5%				
high school	1	1.3%				
graduate	1	1.3%				
Occupation						
others	3	3.4%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	4	4.4%				
other	0	0.0%				
Source of poison						
domestically available	4	4.5%				
purchased from store	0	0.0%				
Coingested vehicle						
None	1	1.2%				
Alcohol	0	0.0%				
others	2	2.5%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	1	1.1%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	2	2.2%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	4		98.50	20.873	68	112
Diastolic BP	4		77.50	9.574	70	90
Systolic BP	4		112.50	5.000	110	120
Respiratory Rate	4		24.50	4.123	20	30
O2 Saturation	4		97.50	1.732	96	100
Temperature	4		98.00	.000	98	98
GRBS	3		134.00	20.298	112	152
GCS <15	2	2.4%				
vSodium	4		138.25	1.708	136	140
vPotassium	4		3.850	.1915	3.6	4.0
vHCO3	4		20.25	2.754	17	23
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.400	.	.4	.4
direct Bilirubin	1		.200	.	.2	.2
Total Protein	1		8.400	.	8.4	8.4
Albumin	1		4.400	.	4.4	4.4
SGOT	1		17.00	.	17	17
SGPT	1		10.00	.	10	10
Alkaline Phosphatase	1		65.00	.	65	65
Creatinine	4		.925	.2062	.7	1.2
Urea	0					

	ANTI-EPILEPTIC					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	1	1.2%				
Admitted						
no	3	3.3%				
yes	1	1.1%				
Intubated						
no	3	3.3%				
yes	1	1.1%				
Intensive care required						
no	3	3.3%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	2	2.2%				
Any complication or death						
no	0	0.0%				
yes	3	3.7%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	1	2.4%				
History of substance abuse						
no	4	5.0%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*GIDDINESS*	*2*				
	UNCONSCIOUSNESS	*1*				
	VERTIGO	*1*				
	INCREASED SALIVATION	*1*				
	BLURRED VISION	*1*				
	COLICKY PAIN	*1*				
Signs	*TREMORS*	*1*				
	STUPOR	*1*				
	NYSTAGMUS	*3*				
	PAST_POINTING	*2*				
Complications	*aspiration pneumonia*	*1*				
	Deep_Vein_Thrombosis	*1*				
	respiratory_failure	*1*				
	cerebellar_dysfunction	*3*				

Individual Poisons

	ANTIPSYCHOTIC					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	3		26.00	6.083	22	33
Sex						
male	1	1.1%				
female	2	2.2%				
Education						
mid-school and below	1	1.3%				
high school	2	2.5%				
graduate	0	0.0%				
Occupation						
others	1	1.1%				
housewife	2	2.3%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	3	3.3%				
other	0	0.0%				
Source of poison						
domestically available	3	3.4%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	3	3.7%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	0	0.0%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	3	3.3%				
accidental	0	0.0%				
Impulsiveness						
impulsive	3	3.3%				
premeditated	0	0.0%				
Pulse	3		97.33	27.006	70	124
Diastolic BP	3		76.67	11.547	70	90
Systolic BP	3		126.67	25.166	100	150
Respiratory Rate	3		23.33	3.055	20	26
O2 Saturation	3		95.67	.577	95	96
Temperature	3		97.67	.577	97	98
GRBS	3		110.00	21.517	89	132
GCS <15	1	1.2%				
vSodium	2		145.50	14.849	135	156
vPotassium	2		3.950	.3536	3.7	4.2
vHCO3	2		19.50	2.121	18	21
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	1		.200	.	.2	.2
Total Protein	0					
Albumin	0					
SGOT	1		16.00	.	16	16
SGPT	1		10.00	.	10	10
Alkaline Phosphatase	0					
Creatinine	1		.800	.	.8	.8
Urea	1		26.00	.	26	26

	ANTIPSYCHOTIC					
Abnormal CXR	0	0.0%				
Abnormal ECG	1	1.1%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	2	2.4%				
Admitted						
no	3	3.3%				
yes	0	0.0%				
Intubated						
no	3	3.3%				
yes	0	0.0%				
Intensive care required						
no	3	3.3%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	2	2.2%				
Any complication or death						
no	2	2.5%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	2	4.9%				
History of substance abuse						
no	2	2.5%				
yes	1	1.3%				
Need for further psych care						
no	0	0.0%				
yes	2	4.7%				
Symptoms	*GIDDINESS*	*1*				
	TREMORS	*1*				
	VOMITING	*1*				
	ALTERED SENSORIUM	*2*				
Signs						
Complications	*delirium*	*1*				

	NEWER ANTIDEPRESSANT					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		24.50	6.364	20	29
Sex						
male	0	0.0%				
female	2	2.2%				
Education						
mid-school and below	0	0.0%				
high school	2	2.5%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	2	2.3%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	2	2.5%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	1	1.1%				
Pulse	2		104.00	22.627	88	120
Diastolic BP	2		65.00	7.071	60	70
Systolic BP	2		105.00	21.213	90	120
Respiratory Rate	2		22.00	2.828	20	24
O2 Saturation	2		97.00	1.414	96	98
Temperature	2		98.00	.000	98	98
GRBS	2		161.00	41.012	132	190
GCS <15	0	0.0%				
vSodium	2		138.50	3.536	136	141
vPotassium	2		3.400	.1414	3.3	3.5
vHCO3	2		20.00	4.243	17	23
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.400	.	.4	.4
direct Bilirubin	1		.100	.	.1	.1
Total Protein	1		8.100	.	8.1	8.1
Albumin	1		4.900	.	4.9	4.9
SGOT	1		28.00	.	28	28
SGPT	1		28.00	.	28	28
Alkaline Phosphatase	1		56.00	.	56	56
Creatinine	2		.900	.0000	.9	.9
Urea	0					

	NEWER ANTIDEPRESSANT					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	0	0.0%				
Admitted						
no	2	2.2%				
yes	0	0.0%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	2	2.2%				
Any complication or death						
no	1	1.2%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil	2	4.9%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	2	2.5%				
yes	0	0.0%				
Need for further psych care						
no	1	2.3%				
yes	1	2.3%				
Symptoms	*GIDDINESS*	*1*				
	STUPOR	*1*				
	ALTERED SENSORIUM	*1*				
	EPIGASTRIC BURNING	*1*				
Signs	*AGITATION*	*1*				
	HYPOTENSION	*1*				
Complications	*Deep_Vein_Thrombosis*	*1*				
	arrythmia	*1*				
	hypotension	*1*				
	coagulopathy	*0*				

	PHENOTHIAZIENE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	4		34.25	15.650	19	56
Sex						
male	3	3.3%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	4	5.0%				
graduate	0	0.0%				
Occupation						
others	2	2.3%				
housewife	0	0.0%				
farmer/labourer	2	2.3%				
Place of ingestion						
home	4	4.4%				
other	0	0.0%				
Source of poison						
domestically available	4	4.5%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	4	4.9%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	4	4.3%				
accidental	0	0.0%				
Impulsiveness						
impulsive	3	3.3%				
premeditated	0	0.0%				
Pulse	3		138.33	16.503	120	152
Diastolic BP	3		90.00	.000	90	90
Systolic BP	3		143.33	11.547	130	150
Respiratory Rate	3		28.00	4.000	24	32
O2 Saturation	4		93.50	9.147	80	100
Temperature	3		100.00	3.464	98	104
GRBS	3		159.33	55.582	116	222
GCS <15	2	2.4%				
vSodium	4		138.00	2.160	135	140
vPotassium	4		3.550	.2887	3.2	3.9
vHCO3	4		22.25	1.258	21	24
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.600	.	.6	.6
direct Bilirubin	1		.100	.	.1	.1
Total Protein	1		7.000	.	7.0	7.0
Albumin	1		4.000	.	4.0	4.0
SGOT	1		28.00	.	28	28
SGPT	1		15.00	.	15	15
Alkaline Phosphatase	1		37.00	.	37	37
Creatinine	4		.950	.0577	.9	1.0
Urea	0					

	PHENOTHIAZIENE					
Abnormal CXR	1	1.1%				
Abnormal ECG	1	1.1%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	2	2.4%				
Admitted						
no	0	0.0%				
yes	4	4.3%				
Intubated						
no	2	2.2%				
yes	2	2.2%				
Intensive care required						
no	3	3.3%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	3	3.3%				
Any complication or death						
no	0	0.0%				
yes	3	3.7%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	2	2.5%				
yes	1	1.3%				
Need for further psych care						
no	0	0.0%				
yes	2	4.7%				
Symptoms	*SEDATION*	*1*				
	UNCONSCIOUSNESS	*1*				
	ALTERED SENSORIUM	*2*				
Signs						
Complications	*aspiration pneumonia*	*1*				
	Deep_Vein_Thrombosis	*2*				
	respiratory_failure	*1*				
	delirium	*1*				

	ORAL HYPOGLYCEMIC					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		20.00	4.243	17	23
Sex						
male	1	1.1%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	1	1.3%				
graduate	1	1.3%				
Occupation						
others	1	1.1%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	2	2.5%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	2		96.00	22.627	80	112
Diastolic BP	2		65.00	7.071	60	70
Systolic BP	2		100.00	14.142	90	110
Respiratory Rate	2		24.00	.000	24	24
O2 Saturation	2		98.50	2.121	97	100
Temperature	2		98.00	.000	98	98
GRBS	2		109.00	16.971	97	121
GCS <15	0	0.0%				
vSodium	2		139.00	.000	139	139
vPotassium	2		3.450	.0707	3.4	3.5
vHCO3	2		22.50	2.121	21	24
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	2		.800	.0000	.8	.8
Urea	0					

	ORAL HYPOGLYCEMIC					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	0	0.0%				
Admitted						
no	2	2.2%				
yes	0	0.0%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	1	1.1%				
Any complication or death						
no	2	2.5%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	2	2.5%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*SEDATION*	*1*				
Signs						
Complications						

Individual Poisons

	ANTI HYPERTENSIVE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		37.00	.	37	37
Sex						
male	0	0.0%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	0	0.0%				
graduate	1	1.3%				
Occupation						
others	1	1.1%				
housewife	0	0.0%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	1	1.1%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		80.00	.	80	80
Diastolic BP	1		.00	.	0	0
Systolic BP	1		80.00	.	80	80
Respiratory Rate	1		22.00	.	22	22
O2 Saturation	1		96.00	.	96	96
Temperature	1		98.00	.	98	98
GRBS	0					
GCS <15	0	0.0%				
vSodium	1		141.00	.	141	141
vPotassium	1		3.600	.	3.6	3.6
vHCO3	1		20.00	.	20	20
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	1		1.100	.	1.1	1.1
Urea	0					

	ANTI HYPERTENSIVE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	1	1.2%				
Admitted						
no	0	0.0%				
yes	1	1.1%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	0	0.0%				
Any complication or death						
no	0	0.0%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*NIL*					
Signs						
Complications	*hypotension*	*1*				

Individual Poisons

	OTHER TAB					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		32.00	.	32	32
Sex						
male	0	0.0%				
female	1	1.1%				
Education						
mid-school and below	0	0.0%				
high school	0	0.0%				
graduate	1	1.3%				
Occupation						
others	0	0.0%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	1	1.1%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	0	0.0%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		144.00	.	144	144
Diastolic BP	1		70.00	.	70	70
Systolic BP	1		90.00	.	90	90
Respiratory Rate	1		20.00	.	20	20
O2 Saturation	1		94.00	.	94	94
Temperature	0					
GRBS	1		166.00	.	166	166
GCS <15	0	0.0%				
vSodium	1		140.00	.	140	140
vPotassium	1		3.700	.	3.7	3.7
vHCO3	1		23.00	.	23	23
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	1		.600	.	.6	.6
Urea	0					

	OTHER TAB					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	1	1.2%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	1	1.1%				
Any complication or death						
no	1	1.2%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	1	2.4%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*GIDDINESS*	*1*				
	SEDATION	*1*				
	UNCONSCIOUSNESS	*1*				
Signs						
Complications						

Individual Poisons

	UNKNOWN TAB					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	5		30.20	7.120	23	40
Sex						
male	0	0.0%				
female	5	5.4%				
Education						
mid-school and below	2	2.5%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	5	5.7%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	4	4.4%				
other	0	0.0%				
Source of poison						
domestically available	4	4.5%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	3	3.7%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	4	4.3%				
accidental	0	0.0%				
Impulsiveness						
impulsive	0	0.0%				
premeditated	2	2.2%				
Pulse	5		114.40	12.280	100	130
Diastolic BP	5		88.00	13.038	80	110
Systolic BP	5		126.00	11.402	110	140
Respiratory Rate	5		26.40	4.561	20	32
O2 Saturation	5		97.40	1.949	96	100
Temperature	4		98.00	.000	98	98
GRBS	4		113.00	10.614	101	126
GCS <15	4	4.7%				
vSodium	5		138.20	4.266	134	143
vPotassium	5		3.440	.7021	2.8	4.6
vHCO3	5		21.40	3.209	18	26
vCalcium	0					
vPhosporous	0					
Total Bilirubin	2		.600	.2828	.4	.8
direct Bilirubin	2		.150	.0707	.1	.2
Total Protein	2		7.600	1.1314	6.8	8.4
Albumin	2		4.350	.4950	4.0	4.7
SGOT	2		21.50	9.192	15	28
SGPT	2		16.50	9.192	10	23
Alkaline Phosphatase	2		51.50	33.234	28	75
Creatinine	5		.860	.2074	.7	1.2
Urea	0					

	UNKNOWN TAB					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	3	3.5%				
Admitted						
no	3	3.3%				
yes	2	2.2%				
Intubated						
no	4	4.3%				
yes	1	1.1%				
Intensive care required						
no	4	4.3%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	3	3.3%				
Any complication or death						
no	1	1.2%				
yes	3	3.7%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	2	4.9%				
History of substance abuse						
no	4	5.0%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	3	7.0%				
Symptoms	*SEDATION*	*1*				
	VOMITING	*1*				
	ALTERED SENSORIUM	*3*				
Signs						
Complications	*Deep_Vein_Thrombosis*	*1*				
	respiratory_failure	*1*				
	delirium	*2*				

Individual Poisons

	ANTIHISTAMINE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	4		25.50	1.915	23	27
Sex						
male	2	2.2%				
female	2	2.2%				
Education						
mid-school and below	1	1.3%				
high school	1	1.3%				
graduate	1	1.3%				
Occupation						
others	2	2.3%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	2	2.2%				
Source of poison						
domestically available	2	2.2%				
purchased from store	2	2.2%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	4	4.9%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	2	2.3%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	4	4.3%				
accidental	0	0.0%				
Impulsiveness						
impulsive	4	4.3%				
premeditated	0	0.0%				
Pulse	4		114.50	16.763	92	130
Diastolic BP	4		75.00	12.910	60	90
Systolic BP	4		90.00	42.426	30	130
Respiratory Rate	4		22.50	1.915	20	24
O2 Saturation	4		96.25	1.708	94	98
Temperature	4		98.00	.000	98	98
GRBS	4		110.50	18.412	98	137
GCS <15	2	2.4%				
vSodium	4		136.50	.577	136	137
vPotassium	4		3.400	.3651	3.0	3.8
vHCO3	4		21.00	1.414	19	22
vCalcium	1		.800	.	.8	.8
vPhosporous	0					
Total Bilirubin	1		1.000	.	1.0	1.0
direct Bilirubin	1		.300	.	.3	.3
Total Protein	1		7.900	.	7.9	7.9
Albumin	1		4.600	.	4.6	4.6
SGOT	1		16.00	.	16	16
SGPT	1		10.00	.	10	10
Alkaline Phosphatase	1		51.00	.	51	51
Creatinine	4		.850	.0577	.8	.9
Urea	0					

	ANTIHISTAMINE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	2	2.4%				
Admitted						
no	4	4.3%				
yes	0	0.0%				
Intubated						
no	4	4.3%				
yes	0	0.0%				
Intensive care required						
no	4	4.3%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	4	4.3%				
Any complication or death						
no	2	2.5%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil	1	2.4%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	3	3.8%				
yes	0	0.0%				
Need for further psych care						
no	1	2.3%				
yes	1	2.3%				
Symptoms	*GIDDINESS*	*2*				
	SEDATION	*1*				
	VOMITING	*1*				
	EPIGASTRIC BURNING	*1*				
Signs	*JITTERINESS*	*1*				
	TREMORS	*2*				
	NYSTAGMUS	*2*				
	ATAXIA	*1*				
Complications	*delirium*	*1*				

Individual Poisons

	INORGANIC ACID					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	9		29.11	13.476	18	63
Sex						
male	2	2.2%				
female	7	7.6%				
Education						
mid-school and below	1	1.3%				
high school	3	3.8%				
graduate	3	3.8%				
Occupation						
others	4	4.5%				
housewife	3	3.4%				
farmer/labourer	2	2.3%				
Place of ingestion						
home	8	8.8%				
other	1	1.1%				
Source of poison						
domestically available	8	9.0%				
purchased from store	1	1.1%				
Coingested vehicle						
None	6	7.4%				
Alcohol	0	0.0%				
others	2	2.5%				
Reason for ingestion						
others	3	3.4%				
inter-personal conflict	5	5.7%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	8	8.7%				
accidental	1	1.1%				
Impulsiveness						
impulsive	6	6.5%				
premeditated	2	2.2%				
Pulse	9		95.67	18.828	64	124
Diastolic BP	9		77.78	10.929	60	90
Systolic BP	9		115.56	12.360	90	130
Respiratory Rate	9		25.33	3.873	20	32
O2 Saturation	8		95.38	7.110	78	100
Temperature	8		98.13	.354	98	99
GRBS	8		162.25	72.671	76	264
GCS <15	2	2.4%				
vSodium	9		138.11	2.892	135	144
vPotassium	9		3.600	.4243	2.7	4.1
vHCO3	9		19.11	2.147	15	22
vCalcium	1		4.100	.	4.1	4.1
vPhosporous	0					
Total Bilirubin	3		.700	.1000	.6	.8
direct Bilirubin	3		.167	.0577	.1	.2
Total Protein	3		8.633	1.0970	8.0	9.9
Albumin	3		4.533	.2517	4.3	4.8
SGOT	3		82.33	102.051	18	200
SGPT	3		51.33	68.245	8	130
Alkaline Phosphatase	3		92.67	31.390	68	128
Creatinine	8		.925	.1488	.7	1.1
Urea	2		17.50	.707	17	18

	INORGANIC ACID					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	5	5.9%				
First aid at outside hospital						
no	5	5.9%				
yes	2	2.4%				
Admitted						
no	2	2.2%				
yes	7	7.6%				
Intubated						
no	7	7.6%				
yes	2	2.2%				
Intensive care required						
no	7	7.6%				
yes	2	2.2%				
Gastric lavage in CMCH						
no	9	9.8%				
yes	0	0.0%				
Any complication or death						
no	1	1.2%				
yes	8	9.9%				
death	0	0.0%				
Psychiatric illness						
nil	1	2.4%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	7	8.8%				
yes	2	2.5%				
Need for further psych care						
no	1	2.3%				
yes	3	7.0%				
Symptoms	*VOMITING*	*6*				
	PAINFUL SWALLOWING	*4*				
	HEMATEMESIS	*3*				
	BREATHLESSNESS	*2*				
	HOARSENESS	*2*				
	HYPERSALIVATION	*5*				
	EPIGASTRIC_BURNING	*1*				
	COLICKY_PAIN	*3*				
	OROPHARYNGEAL_PAIN	*7*				
Signs						
Complications	*aspiration pneumonia*	*1*				
	respiratory_failure	*2*				
	delirium	*2*				
	cerebellar_dysfunction	*4*				
	coagulopathy	*1*				
	Grade_2A_Esophagus	*3*				
	Grade_3_Esophagus	*2*				

	PHENOL/ORGANIC ACID					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	4		26.50	10.376	19	41
Sex						
male	1	1.1%				
female	3	3.3%				
Education						
mid-school and below	0	0.0%				
high school	2	2.5%				
graduate	2	2.5%				
Occupation						
others	1	1.1%				
housewife	3	3.4%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	4	4.4%				
other	0	0.0%				
Source of poison						
domestically available	4	4.5%				
purchased from store	0	0.0%				
Coingested vehicle						
None	3	3.7%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	3	3.3%				
accidental	1	1.1%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	3		98.67	11.547	92	112
Diastolic BP	3		66.67	5.774	60	70
Systolic BP	3		103.33	5.774	100	110
Respiratory Rate	3		20.00	.000	20	20
O2 Saturation	3		97.67	1.155	97	99
Temperature	2		98.00	.000	98	98
GRBS	3		97.33	5.508	91	101
GCS <15	1	1.2%				
vSodium	4		139.00	1.826	137	141
vPotassium	4		3.800	.8832	3.2	5.1
vHCO3	4		15.75	4.031	10	19
vCalcium	0					
vPhosporous	0					
Total Bilirubin	2		.650	.3536	.4	.9
direct Bilirubin	2		.450	.3536	.2	.7
Total Protein	2		6.850	1.9092	5.5	8.2
Albumin	2		3.900	1.1314	3.1	4.7
SGOT	2		108.00	94.752	41	175
SGPT	2		23.00	11.314	15	31
Alkaline Phosphatase	2		54.50	9.192	48	61
Creatinine	4		1.025	.3202	.8	1.5
Urea	1		24.00	.	24	24

	PHENOL/ORGANIC ACID					
Abnormal CXR	1	1.1%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	2	2.4%				
Admitted						
no	3	3.3%				
yes	1	1.1%				
Intubated						
no	3	3.3%				
yes	1	1.1%				
Intensive care required						
no	3	3.3%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	3	3.3%				
yes	1	1.1%				
Any complication or death						
no	1	1.2%				
yes	2	2.5%				
death	0	0.0%				
Psychiatric illness						
nil	1	2.4%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	3	3.8%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*SEDATION*	*1*				
	UNCONSCIOUSNESS	*1*				
	FROTHING	*1*				
	NAUSEA	*1*				
	PAINFUL SWALLOWING	*1*				
	HYPERSALIVATION	*1*				
Signs	*COMATOSE*	*1*				
Complications	*aspiration pneumonia*	*1*				
	Grade_1_Esophagus	*1*				
	Grade_2A_Esophagus	*1*				

	AMMONIUM DERIVATIVE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	3		23.67	4.726	20	29
Sex						
male	1	1.1%				
female	2	2.2%				
Education						
mid-school and below	1	1.3%				
high school	1	1.3%				
graduate	1	1.3%				
Occupation						
others	1	1.1%				
housewife	1	1.1%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	2	2.2%				
other	1	1.1%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	3	3.7%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	1	1.1%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	3		102.33	28.572	82	135
Diastolic BP	3		76.67	11.547	70	90
Systolic BP	3		120.00	26.458	100	150
Respiratory Rate	2		22.00	2.828	20	24
O2 Saturation	3		94.67	5.774	88	98
Temperature	2		98.00	.000	98	98
GRBS	2		135.50	58.690	94	177
GCS <15	0	0.0%				
vSodium	2		135.00	4.243	132	138
vPotassium	2		3.900	.7071	3.4	4.4
vHCO3	2		22.00	2.828	20	24
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	3		.967	.3055	.7	1.3
Urea	0					

	AMMONIUM DERIVATIVE					
Abnormal CXR	1	1.1%				
Abnormal ECG	1	1.1%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	2	2.4%				
Admitted						
no	2	2.2%				
yes	1	1.1%				
Intubated						
no	2	2.2%				
yes	1	1.1%				
Intensive care required						
no	2	2.2%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	1	1.1%				
Any complication or death						
no	1	1.2%				
yes	2	2.5%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	3	3.8%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*VOMITING*	*2*				
	HEMATEMESIS	*1*				
	BREATHLESSNESS	*1*				
	HYPERSALIVATION	*1*				
	OROPHARYNGEAL PAIN	*1*				
Signs						
Complications	*aspiration pneumonia*	*1*				
	Deep_Vein_Thrombosis	*1*				
	respiratory_failure	*1*				
	cerebellar_dysfunction	*1*				

Individual Poisons

	HYDROCARBON					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		20.50	2.121	19	22
Sex						
male	0	0.0%				
female	2	2.2%				
Education						
mid-school and below	1	1.3%				
high school	1	1.3%				
graduate	0	0.0%				
Occupation						
others	1	1.1%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	2	2.5%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	2		91.00	7.071	86	96
Diastolic BP	2		70.00	.000	70	70
Systolic BP	2		105.00	7.071	100	110
Respiratory Rate	2		21.00	1.414	20	22
O2 Saturation	2		95.50	.707	95	96
Temperature	2		98.00	.000	98	98
GRBS	2		83.00	2.828	81	85
GCS <15	0	0.0%				
vSodium	2		142.00	2.828	140	144
vPotassium	2		2.900	.4243	2.6	3.2
vHCO3	2		18.50	6.364	14	23
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	2		.800	.0000	.8	.8
Urea	0					

	HYDROCARBON					
Abnormal CXR	1	1.1%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	0	0.0%				
Admitted						
no	2	2.2%				
yes	0	0.0%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	1	1.1%				
yes	1	1.1%				
Any complication or death						
no	2	2.5%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	2	2.5%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*VOMITING*	*1*				
Signs						
Complications						

Individual Poisons

	VASMOL DYE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		16.00	.000	16	16
Sex						
male	0	0.0%				
female	2	2.2%				
Education						
mid-school and below	0	0.0%				
high school	2	2.5%				
graduate	0	0.0%				
Occupation						
others	2	2.3%				
housewife	0	0.0%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	1	1.2%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	2	2.2%				
premeditated	0	0.0%				
Pulse	2		90.50	9.192	84	97
Diastolic BP	2		70.00	.000	70	70
Systolic BP	2		115.00	21.213	100	130
Respiratory Rate	2		25.00	1.414	24	26
O2 Saturation	2		97.00	.000	97	97
Temperature	2		98.00	.000	98	98
GRBS	2		156.50	45.962	124	189
GCS <15	0	0.0%				
vSodium	2		140.00	1.414	139	141
vPotassium	2		3.700	.5657	3.3	4.1
vHCO3	2		22.50	.707	22	23
vCalcium	1		7.700	.	7.7	7.7
vPhosporous	1		3.30	.	3	3
Total Bilirubin	2		.600	.0000	.6	.6
direct Bilirubin	2		.200	.0000	.2	.2
Total Protein	2		8.050	.4950	7.7	8.4
Albumin	2		4.500	.7071	4.0	5.0
SGOT	2		1757.50	2123.442	256	3259
SGPT	2		277.50	347.189	32	523
Alkaline Phosphatase	2		71.00	11.314	63	79
Creatinine	2		.850	.0707	.8	.9
Urea	1		22.00	.	22	22

	VASMOL DYE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	2	2.4%				
Admitted						
no	1	1.1%				
yes	1	1.1%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	0	0.0%				
Any complication or death						
no	0	0.0%				
yes	2	2.5%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	2	2.5%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	2	4.7%				
Symptoms	*GIDDINESS*	*1*				
	MUSCLE CRAMPS	*1*				
	BREATHLESSNESS	*1*				
	HYPERSALIVATION	*1*				
	EPIGASTRIC BURNING	*1*				
	COLICKY PAIN	*1*				
	OROFACIAL SWELLING	*1*				
Signs						
Complications	*aspiration pneumonia*	*2*				
	respiratory_failure	*1*				

Individual Poisons

	FERTILISER					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		28.00	4.243	25	31
Sex						
male	0	0.0%				
female	2	2.2%				
Education						
mid-school and below	2	2.5%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	2	2.3%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	2	2.2%				
purchased from store	0	0.0%				
Coingested vehicle						
None	2	2.5%				
Alcohol	0	0.0%				
others	0	0.0%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	0	0.0%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	1	1.1%				
Pulse	2		101.00	15.556	90	112
Diastolic BP	2		70.00	.000	70	70
Systolic BP	2		100.00	.000	100	100
Respiratory Rate	2		24.00	.000	24	24
O2 Saturation	2		97.50	.707	97	98
Temperature	2		98.00	.000	98	98
GRBS	2		112.50	20.506	98	127
GCS <15	1	1.2%				
vSodium	2		138.50	2.121	137	140
vPotassium	2		3.200	.0000	3.2	3.2
vHCO3	2		21.00	1.414	20	22
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	2		.750	.2121	.6	.9
Urea	0					

	FERTILISER					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	1	1.2%				
Admitted						
no	2	2.2%				
yes	0	0.0%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	2	2.2%				
Any complication or death						
no	1	1.2%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*VOMITING*	*1*				
	COLICKY PAIN	*1*				
Signs						
Complications						

	OTHER CHEMICAL					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		28.00	.	28	28
Sex						
male	2	2.2%				
female	0	0.0%				
Education						
mid-school and below	0	0.0%				
high school	1	1.3%				
graduate	0	0.0%				
Occupation						
others	2	2.3%				
housewife	0	0.0%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	2	2.2%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	1	1.1%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	2	2.5%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	1	1.1%				
Pulse	2		72.00	11.314	64	80
Diastolic BP	2		80.00	.000	80	80
Systolic BP	2		125.00	7.071	120	130
Respiratory Rate	2		22.00	2.828	20	24
O2 Saturation	2		88.00	14.142	78	98
Temperature	2		98.30	.424	98	99
GRBS	2		137.50	30.406	116	159
GCS <15	0	0.0%				
vSodium	2		137.50	.707	137	138
vPotassium	2		4.150	1.0607	3.4	4.9
vHCO3	2		19.50	3.536	17	22
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	2		1.200	.1414	1.1	1.3
Urea	1		19.00	.	19	19

	OTHER CHEMICAL					
Abnormal CXR	1	1.1%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	1	1.2%				
Admitted						
no	1	1.1%				
yes	1	1.1%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	2	2.2%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	0	0.0%				
Any complication or death						
no	0	0.0%				
yes	2	2.5%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	1	1.3%				
yes	1	1.3%				
Need for further psych care						
no	1	2.3%				
yes	0	0.0%				
Symptoms	*GIDDINESS*	*1*				
	VOMITING	*2*				
	DIARRHOEA	*2*				
	HYPERSALIVATION	*1*				
	COLICKY PAIN	*1*				
Signs						
Complications	*hypotension*	*1*				
	respiratory_failure	*1*				

Individual Poisons

	CARBAMATE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		21.00	.	21	21
Sex						
male	1	1.1%				
female	0	0.0%				
Education						
mid-school and below	1	1.3%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	0	0.0%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	1	1.1%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	0	0.0%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		80.00	.	80	80
Diastolic BP	1		80.00	.	80	80
Systolic BP	1		120.00	.	120	120
Respiratory Rate	1		15.00	.	15	15
O2 Saturation	1		96.00	.	96	96
Temperature	1		98.00	.	98	98
GRBS	0					
GCS <15	0	0.0%				
vSodium	1		135.00	.	135	135
vPotassium	1		2.100	.	2.1	2.1
vHCO3	1		20.00	.	20	20
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	1		1.000	.	1.0	1.0
Urea	0					

	CARBAMATE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	0	0.0%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	1	1.1%				
Any complication or death						
no						
yes						
death						
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no						
yes						
Need for further psych care						
no						
yes						
Symptoms	*VOMITING*	*1*				
Signs						
Complications						

Individual Poisons

	ENDOSULFAN					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	3		24.00	5.292	20	30
Sex						
male	3	3.3%				
female	0	0.0%				
Education						
mid-school and below	3	3.8%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	2	2.3%				
housewife	0	0.0%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	3	3.3%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	2	2.2%				
Coingested vehicle						
None	1	1.2%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	2	2.3%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	1	1.1%				
Pulse	3		140.00	26.153	122	170
Diastolic BP	3		90.00	45.826	50	140
Systolic BP	3		130.00	30.000	100	160
Respiratory Rate	3		30.67	9.018	22	40
O2 Saturation	3		90.33	8.737	83	100
Temperature	3		98.00	.000	98	98
GRBS	3		163.33	46.112	111	198
GCS <15	3	3.5%				
vSodium	3		144.67	9.504	135	154
vPotassium	3		3.767	.7638	3.1	4.6
vHCO3	3		16.33	4.163	13	21
vCalcium	0					
vPhosporous	0					
Total Bilirubin	2		.550	.0707	.5	.6
direct Bilirubin	2		.200	.0000	.2	.2
Total Protein	2		7.600	1.1314	6.8	8.4
Albumin	2		4.450	.7778	3.9	5.0
SGOT	2		44.50	2.121	43	46
SGPT	2		15.50	4.950	12	19
Alkaline Phosphatase	2		92.00	42.426	62	122
Creatinine	3		1.433	.1528	1.3	1.6
Urea	0					

	ENDOSULFAN					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	1	1.2%				
Admitted						
no	0	0.0%				
yes	3	3.3%				
Intubated						
no	2	2.2%				
yes	1	1.1%				
Intensive care required						
no	0	0.0%				
yes	3	3.3%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	1	1.1%				
Any complication or death						
no	0	0.0%				
yes	2	2.5%				
death	1	1.2%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	2	2.5%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*SEIZURE*	*3*				
Signs						
Complications	*respiratory_failure*	*1*				
	Grade_1_Esophagus	*1*				

	ORGANOCHLORIDE(OTHER)					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		38.00	.	38	38
Sex						
male	1	1.1%				
female	0	0.0%				
Education						
mid-school and below	1	1.3%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	1	1.1%				
housewife	0	0.0%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	0	0.0%				
other	1	1.1%				
Source of poison						
domestically available	0	0.0%				
purchased from store	1	1.1%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others	1	1.1%				
inter-personal conflict	0	0.0%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		122.00	.	122	122
Diastolic BP	1		90.00	.	90	90
Systolic BP	1		160.00	.	160	160
Respiratory Rate	1		20.00	.	20	20
O2 Saturation	1		98.00	.	98	98
Temperature	1		98.00	.	98	98
GRBS	1		126.00	.	126	126
GCS <15	0	0.0%				
vSodium	1		137.00	.	137	137
vPotassium	1		3.100	.	3.1	3.1
vHCO3	1		18.00	.	18	18
vCalcium	1		8.900	.	8.9	8.9
vPhosporous	1		1.40	.	1	1
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	1		1.000	.	1.0	1.0
Urea	1		31.00	.	31	31

	ORGANOCHLORIDE(OTHER)					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes						
no	1	1.2%				
First aid at outside hospital						
no	1	1.2%				
yes	0	0.0%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	1	1.1%				
Any complication or death						
no	1	1.2%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*EPIGASTRIC BURNING*	*1*				
Signs						
Complications						

Individual Poisons

	PYRETHROID					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	11		24.18	4.557	18	32
Sex						
male	8	8.7%				
female	3	3.3%				
Education						
mid-school and below	2	2.5%				
high school	7	8.8%				
graduate	0	0.0%				
Occupation						
others	6	6.8%				
housewife	1	1.1%				
farmer/labourer	4	4.5%				
Place of ingestion						
home	6	6.6%				
other	5	5.5%				
Source of poison						
domestically available	5	5.6%				
purchased from store	6	6.7%				
Coingested vehicle						
None	4	4.9%				
Alcohol	4	4.9%				
others	3	3.7%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	6	6.9%				
vocational stress	3	3.4%				
Accidental ingestion						
deliberate	11	12.0%				
accidental	0	0.0%				
Impulsiveness						
impulsive	10	10.9%				
premeditated	0	0.0%				
Pulse	11		115.36	12.620	88	135
Diastolic BP	11		77.27	13.484	60	100
Systolic BP	11		116.73	15.932	90	130
Respiratory Rate	11		25.09	3.145	20	32
O2 Saturation	11		95.91	3.015	88	99
Temperature	10		98.36	.672	98	100
GRBS	10		124.40	46.805	81	239
GCS <15	3	3.5%				
vSodium	11		140.91	2.700	137	145
vPotassium	11		3.545	.6758	3.0	5.5
vHCO3	11		19.00	4.583	8	24
vCalcium	0					
vPhosporous	0					
Total Bilirubin	2		3.750	4.5962	.5	7.0
direct Bilirubin	2		.150	.0707	.1	.2
Total Protein	2		8.350	.4950	8.0	8.7
Albumin	2		5.150	.9192	4.5	5.8
SGOT	2		44.00	18.385	31	57
SGPT	2		12.50	3.536	10	15
Alkaline Phosphatase	2		64.00	22.627	48	80
Creatinine	10		1.040	.1430	.8	1.2
Urea	0					

	PYRETHROID					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	4	8.3%				
no	4	4.7%				
First aid at outside hospital						
no	4	4.7%				
yes	6	7.1%				
Admitted						
no	9	9.8%				
yes	2	2.2%				
Intubated						
no	10	10.9%				
yes	1	1.1%				
Intensive care required						
no	11	12.0%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	5	5.4%				
yes	6	6.5%				
Any complication or death						
no	7	8.6%				
yes	4	4.9%				
death	0	0.0%				
Psychiatric illness						
nil	1	2.4%				
Major affective disorder	1	2.4%				
History of substance abuse						
no	7	8.8%				
yes	4	5.0%				
Need for further psych care						
no	0	0.0%				
yes	7	16.3%				
Symptoms	*GIDDINESS*	*2*				
	SEDATION	*2*				
	SEIZURES	*3*				
	VOMITING	*4*				
Signs						
Complications	*hypotension*	*1*				
	respiratory_failure	*1*				
	delirium	*1*				

Individual Poisons

	INSECTICIDE(UNKNOWN)					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	7		25.57	5.192	19	35
Sex						
male	4	4.3%				
female	3	3.3%				
Education						
mid-school and below	4	5.0%				
high school	1	1.3%				
graduate	1	1.3%				
Occupation						
others	2	2.3%				
housewife	2	2.3%				
farmer/labourer	2	2.3%				
Place of ingestion						
home	5	5.5%				
other	2	2.2%				
Source of poison						
domestically available	4	4.5%				
purchased from store	2	2.2%				
Coingested vehicle						
None	2	2.5%				
Alcohol	2	2.5%				
others	1	1.2%				
Reason for ingestion						
others	2	2.3%				
inter-personal conflict	3	3.4%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	7	7.6%				
accidental	0	0.0%				
Impulsiveness						
impulsive	5	5.4%				
premeditated	1	1.1%				
Pulse	7		92.43	34.727	24	130
Diastolic BP	7		75.71	9.759	60	90
Systolic BP	7		112.86	14.960	90	130
Respiratory Rate	7		24.00	2.828	22	30
O2 Saturation	7		96.14	4.947	85	99
Temperature	7		98.00	.000	98	98
GRBS	6		106.17	10.028	95	124
GCS <15	3	3.5%				
vSodium	7		141.14	4.298	137	147
vPotassium	7		3.614	.3976	3.2	4.2
vHCO3	7		21.29	2.563	17	24
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.600	.	.6	.6
direct Bilirubin	1		.100	.	.1	.1
Total Protein	1		7.700	.	7.7	7.7
Albumin	1		4.600	.	4.6	4.6
SGOT	1		29.00	.	29	29
SGPT	1		20.00	.	20	20
Alkaline Phosphatase	1		81.00	.	81	81
Creatinine	7		.943	.2225	.7	1.2
Urea	3		18.67	3.055	16	22

	INSECTICIDE(UNKNOWN)					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	2	4.2%				
no	2	2.4%				
First aid at outside hospital						
no	2	2.4%				
yes	5	5.9%				
Admitted						
no	5	5.4%				
yes	2	2.2%				
Intubated						
no	6	6.5%				
yes	1	1.1%				
Intensive care required						
no	6	6.5%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	3	3.3%				
yes	4	4.3%				
Any complication or death						
no	4	4.9%				
yes	2	2.5%				
death	0	0.0%				
Psychiatric illness						
nil	2	4.9%				
Major affective disorder	1	2.4%				
History of substance abuse						
no	5	6.3%				
yes	2	2.5%				
Need for further psych care						
no	1	2.3%				
yes	4	9.3%				
Symptoms	*HEADACHE*	*1*				
	GIDDINESS	*1*				
	SEDATION	*2*				
	VOMITING	*4*				
	DIARRHOEA	*1*				
	BREATHLESSNESS	*1*				
	HYPERSALIVATION	*2*				
	ALTERED_SENSORIUM	*2*				
	VISUAL_BLURRING	*1*				
Signs	*DROWSY*	*1*				
	FASCICULATIONS	*2*				
Complications	*skin reaction*	*1*				
	respiratory_failure	*1*				

Individual Poisons

	FUNGICIDE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		28.00	.	28	28
Sex						
male	0	0.0%				
female	1	1.1%				
Education						
mid-school and below	1	1.3%				
high school	0	0.0%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	1	1.1%				
farmer/labourer	0	0.0%				
Place of ingestion						
home	1	1.1%				
other	0	0.0%				
Source of poison						
domestically available	1	1.1%				
purchased from store	0	0.0%				
Coingested vehicle						
None	0	0.0%				
Alcohol	0	0.0%				
others	1	1.2%				
Reason for ingestion						
others						
inter-personal conflict						
vocational stress						
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		104.00	.	104	104
Diastolic BP	1		80.00	.	80	80
Systolic BP	1		110.00	.	110	110
Respiratory Rate	1		26.00	.	26	26
O2 Saturation	1		98.00	.	98	98
Temperature	1		98.00	.	98	98
GRBS	1		137.00	.	137	137
GCS <15	1	1.2%				
vSodium	1		139.00	.	139	139
vPotassium	1		3.800	.	3.8	3.8
vHCO3	1		21.00	.	21	21
vCalcium	0					
vPhosporous	0					
Total Bilirubin	0					
direct Bilirubin	0					
Total Protein	0					
Albumin	0					
SGOT	0					
SGPT	0					
Alkaline Phosphatase	0					
Creatinine	1		.800	.	.8	.8
Urea	0					

	FUNGICIDE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	1	1.2%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	1	1.1%				
Any complication or death						
no	0	0.0%				
yes	1	1.2%				
death	0	0.0%				
Psychiatric illness						
nil						
Major affective disorder						
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no						
yes						
Symptoms	*UNCONSCIOUSNESS*	*1*				
Signs						
Complications	*Deep_Vein_Thrombosis*	*1*				

	PHOSPHOROUS					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	1		26.00	.	26	26
Sex						
male	1	1.1%				
female	0	0.0%				
Education						
mid-school and below	0	0.0%				
high school	1	1.3%				
graduate	0	0.0%				
Occupation						
others	0	0.0%				
housewife	0	0.0%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	0	0.0%				
other	1	1.1%				
Source of poison						
domestically available	0	0.0%				
purchased from store	1	1.1%				
Coingested vehicle						
None	0	0.0%				
Alcohol	1	1.2%				
others	0	0.0%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	0	0.0%				
Accidental ingestion						
deliberate	1	1.1%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	1		99.00	.	99	99
Diastolic BP	1		70.00	.	70	70
Systolic BP	1		110.00	.	110	110
Respiratory Rate	1		24.00	.	24	24
O2 Saturation	1		99.00	.	99	99
Temperature	1		98.00	.	98	98
GRBS	1		84.00	.	84	84
GCS <15	0	0.0%				
vSodium	1		141.00	.	141	141
vPotassium	1		3.600	.	3.6	3.6
vHCO3	1		22.00	.	22	22
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.700	.	.7	.7
direct Bilirubin	1		.200	.	.2	.2
Total Protein	1		7.400	.	7.4	7.4
Albumin	1		4.400	.	4.4	4.4
SGOT	1		19.00	.	19	19
SGPT	1		8.00	.	8	8
Alkaline Phosphatase	1		55.00	.	55	55
Creatinine	1		1.000	.	1.0	1.0
Urea	0					

	PHOSPHOROUS					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	1	2.1%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	1	1.2%				
Admitted						
no	1	1.1%				
yes	0	0.0%				
Intubated						
no	1	1.1%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	0	0.0%				
Gastric lavage in CMCH						
no	0	0.0%				
yes	1	1.1%				
Any complication or death						
no	1	1.2%				
yes	0	0.0%				
death	0	0.0%				
Psychiatric illness						
nil	0	0.0%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	0	0.0%				
yes	1	2.3%				
Symptoms	*SEDATION*	*1*				
Signs	*RIGHT_HYPOCHONDRIAL_TENDERNESS*	*1*				
Complications						

	UNKNOWN RODENTICIDE					
	Count	% of Total	Mean	Std. Deviation	Minimum	Maximum
Age	2		22.00	8.485	16	28
Sex						
male	1	1.1%				
female	1	1.1%				
Education						
mid-school and below	1	1.3%				
high school	1	1.3%				
graduate	0	0.0%				
Occupation						
others	1	1.1%				
housewife	0	0.0%				
farmer/labourer	1	1.1%				
Place of ingestion						
home	0	0.0%				
other	2	2.2%				
Source of poison						
domestically available	0	0.0%				
purchased from store	2	2.2%				
Coingested vehicle						
None	0	0.0%				
Alcohol	1	1.2%				
others	0	0.0%				
Reason for ingestion						
others	0	0.0%				
inter-personal conflict	1	1.1%				
vocational stress	1	1.1%				
Accidental ingestion						
deliberate	2	2.2%				
accidental	0	0.0%				
Impulsiveness						
impulsive	1	1.1%				
premeditated	0	0.0%				
Pulse	2		140.00	22.627	124	156
Diastolic BP	2		80.00	.000	80	80
Systolic BP	2		120.00	.000	120	120
Respiratory Rate	2		34.00	19.799	20	48
O2 Saturation	2		95.50	.707	95	96
Temperature	2		99.65	2.333	98	101
GRBS	1		83.00	.	83	83
GCS <15	0	0.0%				
vSodium	2		137.50	.707	137	138
vPotassium	2		3.350	.9192	2.7	4.0
vHCO3	2		13.50	4.950	10	17
vCalcium	0					
vPhosporous	0					
Total Bilirubin	1		.900	.	.9	.9
direct Bilirubin	1		.200	.	.2	.2
Total Protein	1		8.600	.	8.6	8.6
Albumin	1		4.500	.	4.5	4.5
SGOT	1		1779.00	.	1779	1779
SGPT	1		1460.00	.	1460	1460
Alkaline Phosphatase	1		118.00	.	118	118
Creatinine	2		1.350	.2121	1.2	1.5
Urea	2		37.50	7.778	32	43

	UNKNOWN RODENTICIDE					
Abnormal CXR	0	0.0%				
Abnormal ECG	0	0.0%				
Gastric lavage elsewhere						
yes	0	0.0%				
no	0	0.0%				
First aid at outside hospital						
no	0	0.0%				
yes	2	2.4%				
Admitted						
no	1	1.1%				
yes	1	1.1%				
Intubated						
no	2	2.2%				
yes	0	0.0%				
Intensive care required						
no	1	1.1%				
yes	1	1.1%				
Gastric lavage in CMCH						
no	2	2.2%				
yes	0	0.0%				
Any complication or death						
no	1	1.2%				
yes	0	0.0%				
death	1	1.2%				
Psychiatric illness						
nil	1	2.4%				
Major affective disorder	0	0.0%				
History of substance abuse						
no	1	1.3%				
yes	0	0.0%				
Need for further psych care						
no	1	2.3%				
yes	0	0.0%				
Symptoms	*VOMITING*	*2*				
	HEMATEMESIS	*1*				
Signs						
Complications						

	TOTAL				
	Count	% of Total			
Age	92				
Sex					
male	43	46.7%			
female	49	53.3%			
Education					
mid-school and below	26	32.5%			
high school	38	47.5%			
graduate	16	20.0%			
Occupation					
others	39	44.3%			
housewife	33	37.5%			
farmer/labourer	16	18.2%			
Place of ingestion					
home	75	82.4%			
other	16	17.6%			
Source of poison					
domestically available	67	75.3%			
purchased from store	22	24.7%			
Coingested vehicle					
None	26	32.1%			
Alcohol	11	13.6%			
others	44	54.3%			
Reason for ingestion					
others	28	32.2%			
inter-personal conflict	46	52.9%			
vocational stress	13	14.9%			
Accidental ingestion					
deliberate	85	92.4%			
accidental	5	5.4%			
Impulsiveness					
impulsive	66	71.7%			
premeditated	11	12.0%			
Pulse					
Diastolic BP					
Systolic BP					
Respiratory Rate					
O2 Saturation					
Temperature					
GRBS					
GCS <15	26	30.6%			
vSodium					
vPotassium					
vHCO3					
vCalcium					
vPhosporous					
Total Bilirubin					
direct Bilirubin					
Total Protein					
Albumin					
SGOT					
SGPT					
Alkaline Phosphatase					
Creatinine					
Urea					

	TOTAL				
Abnormal CXR	5	5.4%			
Abnormal ECG	3	3.3%			
Gastric lavage elsewhere					
yes	32	66.7%			
no	43	50.6%			
First aid at outside hospital					
no	43	50.6%			
yes	42	49.4%			
Admitted					
no	63	68.5%			
yes	29	31.5%			
Intubated					
no	80	87.0%			
yes	12	13.0%			
Intensive care required					
no	79	85.9%			
yes	13	14.1%			
Gastric lavage in CMCH					
no	47	51.1%			
yes	45	48.9%			
Any complication or death					
no	39	48.1%			
yes	40	49.4%			
death	2	2.5%			
Psychiatric illness					
nil	11	26.8%			
Major affective disorder	9	22.0%			
History of substance abuse					
no	68	85.0%			
yes	12	15.0%			
Need for further psych care					
no	7	16.3%			
yes	36	83.7%			
Symptoms					
Signs					
Complications					

ANNEXURE 1:STUDY PROFORMA : A CLINICAL DESCRIPTIVE STUDY ON

POISONNG IN CMC VELLORE

Case No: Date of presentation:

Name Hospital Number

Age Sex *male / female*

Address Education
Urban/ Rural

POISON

Class/ Type

Name

Amount
No of tablets/ ML (if liquid) / Weight :

Strength of each tablet / Concentration:

Total Dose:

Place of ingestion:
- Home
- Other

Source of Poison:
- Home/ Surroundings
- Patient already taking regulary
- Another family member taking regularly
- Procured from goods store/ pharmacy

Was the poison taken directly/ diluted?
Co- ingestants
- Water
- Alcohol
- Other solvent

Motive: (most appropriate) (Psychiatric assessment data to be used if available)

A]
Conflcit with family members

Relationship problems with partner
Dissatisfaction with school performance

ANNEXURE 1:STUDY PROFORMA : A CLINICAL DESCRIPTIVE STUDY ON

POISONNG IN CMC VELLORE

Case No: Date of presentation:

Job related- dissatisfaction/ unemployment

Chronic physical ailment

Medical Depression

B] Was the intention
a. deliberate
b. accidental
c. other

C] Was the action
a. impulsive

b. premeditated

D] Is this the first attempt
If not, no of previous attempts:
Was the previous attempt

E] Time of Ingestion Date time
Time of Presentation to hospital Date time

TREATMENT GIVEN BEFORE COMING TO CMCH

Yes/ No Date time delay (hrs)

If yes, what treatment?

Forced emesis/ Gastric lavage / Activated Charcoal

Specific Antidote Name Number of doses

Where was the treatment administered?

Home / Government Hospital / Private Hospital /

ANNEXURE 1:STUDY PROFORMA : A CLINICAL DESCRIPTIVE STUDY ON

POISONNG IN CMC VELLORE

Case No: **Date of presentation:**

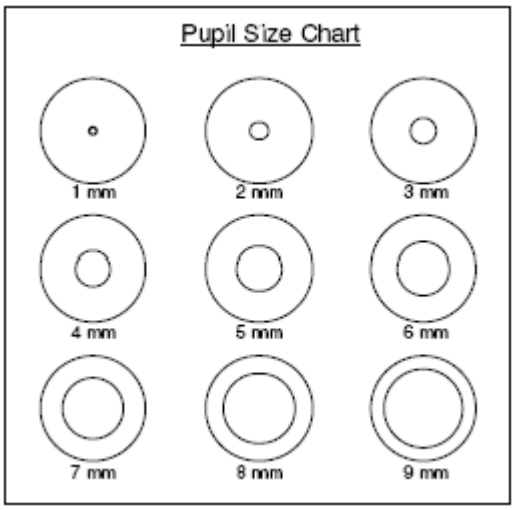
VITALS ON PRESENTATION

BP	PR	RR	TEMP
SPO2	GCS	GRBS	

SYMPTOMS

0.ASYMPTOMATIC / 1.VOMITING / 2.DIARRHOEA / 3.ABDOMINAL PAIN/ 4.SALIVATION / 5.SWEATING / 6.BLURRED VISION / 7.URINARY INCONTINENCE / 8. BREATHING DIFFICULTY / 9.WEAKNESS / 10.SEIZURES / 11.BLEEDING / 12.GIDDINESS / 13.ALTERED SENSORIUM / 14.SEDATION / 15.CHARACTERISTIC SMELL/ (CORROSIVE): 17.OROPHARYNGEAL PAIN/ 18. ODYNOPHAGIA/ 19. DYSPHAGIA /20. HOARSENESS / 21.APHONIA

OTHERS



SIGNS

ANNEXURE 1:STUDY PROFORMA : A CLINICAL DESCRIPTIVE STUDY ON

POISONNG IN CMC VELLORE

Case No: Date of presentation:

1. DIAPHORESIS / 2. LUNG CREPITATION / 3. SALIVATION / 4. FASCICULATIONS / 5. MUSCLE WEAKNESS / 6. SINGLE BREATH COUNT / 7. PARADOXICAL BREATHING / 8. ABDOMINAL TENDERNESS / 9. PERITONISM/ 10. DROOLING /11. STRIDOR /12. PUPIL SIZE / 13. OTHERS

INVESTIGATIONS

CHEST X RAY

ECG

Rate PR QTC other

ABG ph CO2 O2 stdHCO3$^-$ StdBE LAc

Electrolytes Na K HCO3 Ca Po4

Urea / Creatinine

LFT

Others

Treatment Given:

A. Decontamination:

No of hours after ingestion:

Gastric Lavage: y/n Orogastric tube Ryle's Tube

Did the patient require intubation?

Poison detected physically in lavage fluid? Y / n

Complication:

Activated charcoal: y/n strength: Total dose:

Skin decontamination: Clothing changed: